2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06999

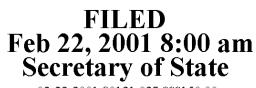
1. Entity Name

AMERI LIFE AND HEALTH SERVICES OF CLEARWATER, IN

Principal Place of Business 2536 COUNTRYSIDE BLVD SECOND FLOOR

Mailing Address

2536 COUNTRYSIDE BLVD SECOND FLOOR



02-22-2001 90121 027 ***150.00

OLEANWATER I	TL 33703	CLEANWAIEN FL 33/63							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SP	ACE		
City & State		City & State		4. 1	FEI Number 59-2231713			oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Added Require		
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New Regi	stered Ag	ent		
THORNTON, R. MAURY 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER FL 33763				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent as		registered office or			a. DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financ Trust Fund Contribution.	cing		10 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	S IN 11	
TITLE	PD	Delete	TITLE	PD		E	☐ Change	Addition	
NAME	COMPANY, MADELINE	,	NAME	Lloyd	Schneider			,,	
STREET ADDRESS	2300 COOMMITCIDE DEVO CECOMO I COOM			2536 C	ountryside Blvd S	econd	Floor		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		ater FL 33763				
TITLE	ST	☐ Delete	TITLE				Change	Addition	
NAME	THORNTON, MAURY R		NAME						
STREET ADDRESS	2536 COUNTRYSIDE BLVD		STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP						
TITLE		Delete	TITLE	2 <u>2</u> 4 2 2 2 .	S. William Program		Change	Addition	
NAME			NAME						
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NAME		□ Delete	NAME			L	T chalife		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	and the second of the second o	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			110 00/01/19 07 11 11 11				
indicated of the corp	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore on an attachment with an address.	rue and accurate and that m	ny signature shall ha	ave the same t	legal effect as if made under oath	n; that I am	an officer	or director	

R. Maury Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-726-0726