

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12866

1. Entity Name

AMERI LIFE AND HEALTH SERVICES OF EAST PASCO, IN

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90329 012 ***150.00

Principal Place of Business

Mailing Address

5034 MISSION SQUARE CIRCLE
ZEPHYRHILLS FL 33541
US

2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2236938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, R. MAURY
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 33763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAUCKMULLER, RICK	
STREET ADDRESS	5034 MISSION SQUARE CIR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THORNTON, MAURY R	
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 6TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Maury Thornton

Date

2-19-01

Daytime Phone #

727-726-0726

CR2E034 (10/00)