

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58222

1. Entity Name

AMERI LIFE AND HEALTH SERVICES OF LEE COUNTY, IN

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90058 013 ***150.00

Principal Place of Business

Mailing Address

1943 COLONIAL BLVD
REGENCY SQUARE CENTER
FT. MYERS FL 33907
US

2536 COUNTRYSIDE BLVD.
CLEARWATER FL 33763-1633
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2536928

Applied For

Not Applicable

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 34623

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, 2000 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
NAME PD
STREET ADDRESS HALSTEAD, DONALD
CITY-ST-ZIP 1943 COLONIAL BLVD., REGENCY SQUARE
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ST
STREET ADDRESS THORNTON, MAURY R
CITY-ST-ZIP 2536 COUNTRYSIDE BLVD
CLEARWATER FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 lines empowered.

SIGNATURE

R. Maury Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maury Thornton

3/23/00

Date

727-726-0726

Daytime Phone #

CR2E034 (9/99)