2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **H68733**

1. Entity Name
LIFE PROPERTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1266	P.O. BOX 1266
PALM HARBOR FL	PALM HARBOR FL
346821266 US	346821266 US

2. Principal Place of Business	3. Mailing Address
PO BOX 1266	PO BOX 1266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR FL	City & State: PALM HARBOR FL
Zip: 346821266 Country: US	Zip: 346821266 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2560127** ☐ 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
KEDAN, ARON 223 SYPRESSS TRACE TARPON SPRINGS FL 346898524 US	Name: KEDAN ARON Street Address (P.O. Box Number is Not Acceptable): 223 CYPRESS TRCE City: TARPON SPRINGS FL Zip Code: 346898524

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 **ARON KEDAN** **01/06/2001**
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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	KEDAN, MOSHE			NAME	KEDAN MOSHE		
STREET ADDRESS	2354 HADDON HALL PLACE			STREET ADDRESS	2354 HADDON HALL PL		
CITY-ST-ZIP	CLEARWATER	FL	337648524	CITY-ST-ZIP	CLEARWATER	FL	337648524
TITLE	DS	☐ Delete		TITLE	DS	☒ Change	☐ Addition
NAME	WELCH, SCOTT D.			NAME	WELCH SCOTT D		
STREET ADDRESS	500 TRINITY LANE, APT 11205			STREET ADDRESS	4254 PRESERVE PL		
CITY-ST-ZIP	PALM HARBOR	FL	346835726	CITY-ST-ZIP	PALM HARBOR	FL	346854032
TITLE	DT	☐ Delete		TITLE	DT	☒ Change	☐ Addition
NAME	KEDAN, ELLA			NAME	KEDAN ELLA		
STREET ADDRESS	2354 HADDON HALL PLACE			STREET ADDRESS	2354 HADDON HALL PL		
CITY-ST-ZIP	CLEARWATER	FL	337647510	CITY-ST-ZIP	CLEARWATER	FL	337647510
TITLE	DP	☐ Delete		TITLE	DP	☒ Change	☐ Addition
NAME	KEDAN, ARON			NAME	KEDAN ARON		
STREET ADDRESS	223 CYPRES TRACE			STREET ADDRESS	223 CYPRES TRACE		
CITY-ST-ZIP	TARPON SPRINGS	FL	346898524	CITY-ST-ZIP	TARPON SPRINGS	FL	346898524
TITLE	DV	☐ Delete		TITLE	DV	☒ Change	☐ Addition
NAME	WELCH, HOWARD H.			NAME	WELCH HOWARD H		
STREET ADDRESS	58 THATCH PALM ST W.			STREET ADDRESS	58 THATCH PALM ST W		
CITY-ST-ZIP	LARGO	FL	337707417	CITY-ST-ZIP	LARGO	FL	337707417
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E034 (11/00)

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: Scott D Welch S 01/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #