

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90039 013 ***150.00

DOCUMENT # H89921

1. Entity Name
AMERI LIFE AND HEALTH SERVICES OF ORLANDO, INC.

Principal Place of Business
2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER FL 33763
US

Mailing Address
2536 COUNTRYSIDE BLVD
SIXTH FLOOR
CLEARWATER FL 33763
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2536 Countryside Blvd

3. Mailing Address

Suite, Apt. #, etc.
Sixth Floor

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

4. FEI Number
59-2608567

Applied For
 Not Applicable

33763

USA

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

SHATANOFF, ROBERT HARRY
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 33763

Name **North, Heather L**

Street **2536 Countryside Blvd** (Not Acceptable)

Sixth Floor

City **Clearwater**

FL

Zip Code **33763**

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

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, 2002 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** ☒ Delete
NAME **DAVISON, FLOYD**
STREET ADDRESS **2536 COUNTRYSIDE BLVD., SIXTH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **PD** ☐ Change ☒ Addition
NAME **Robert H. Shatanoff**
STREET ADDRESS **2536 Countryside Blvd 6th Floor**
CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Robert Shatanoff

Robert Shatanoff

1/23/02

(727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)