

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85740

1. Entity Name

AMERILIFE & HEALTH SERVICES OF INDIAN RIVER COU

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90020 010 \*\*\*150.00

Principal Place of Business	Mailing Address
112 S US 1 SUITE 5 VERO BEACH FL 32962 US	2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER FL 33763-1639 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3022374	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME WILEY, CHARLES STREET ADDRESS 112 S US 1 SUITE 5 CITY-ST-ZIP VERO BEACH FL 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST NAME THORNTON, MAURY R STREET ADDRESS 2536 COUNTRYSIDE BLVD CITY-ST-ZIP CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 an other like empowered.

SIGNATURE R. Maury Thornton 3/23/00 727-726-0726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)