

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86544

1. Entity Name

Ameri-Life & Health Services of the Atlantic Coast, Inc.

Principal Place of Business
613 S. Yonge Street

Ormond Beach FL 32174

Mailing Address
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

59-3022365

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 - Shatanoff, Robert Harry
Street Address (P.O. Box Number is Not Acceptable)
2536 Countryside Blvd,
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

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
NAME Cloer, Allen
STREET ADDRESS 613 S. Yonge Street
CITY-ST-ZIP Ormond Beach FL 32174 ☐ Delete

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

TITLE ST
NAME Thornton, R. Maury
STREET ADDRESS 2536 Countryside Blvd
CITY-ST-ZIP Clearwater FL 33763 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000004512840-02
-08/02/01--01038--029
*****97.50 *****62.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

Allen Cloer

June 25, 2001

(727) 726-0726

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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