

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 77000000001905

1. Entity Name

AMERI LIFE & HEALTH SERVICES OF PINELLAS COUNTY, L.L.C.

Principal Place of Business

4725 66th Street N
St. Petersburg FL 33709

Mailing Address

4725 66th Street N
St. Petersburg FL 33709

2. Principal Place of Business

2536 Countryside Blvd.

Suite, Apt. #, etc.

6th Floor

City & State

Clearwater FL 33763

Zip

Country

3. Mailing Address

2536 Countryside Blvd

Suite, Apt. #, etc.

6th Floor

City & State

Clearwater FL 33763

Zip

Country

4. FEI Number

59-3665489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Haikara, Kimberly J
2536 Countryside Blvd 6th Fl
Clearwater FL 33763

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

LLC Manager
American Insurance Administrator
2536 Countryside Blvd 6th Floor
Clearwater FL 33763 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003888313--5
-03/20/01--01062--013
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

W. Dennis Pepe

W. Dennis Pepe

2/23/01

727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #