

2001 UNIFORM BUSINESS REPORT (UBR)

0002022 AF

DOCUMENT # M00000001988

1. Entity Name
AMERI-LIFE & HEALTH SERVICES OF THE ATLANTIC COA

FILED

01 MAR 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
613 S. YONGE STREET
ORMOND BEACH FL 32174

Mailing Address
613 S. YONGE STREET
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address
2536 Countryside Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6th Floor

City & State

City & State
Clearwater FL

Zip

Country

Zip 33763

Country U.S.A.

4. FEI Number 59-3665453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

HAIKARA, KIMBERLY J
2536 COUNTRYSIDE BLVD., SIXTH FLOOR
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 MGR ☐ Delete
NAME AMERICAN INSURANCE ADMINISTRATORS, INC.
STREET ADDRESS 2536 COUNTRYSIDE BLVD., 6TH FLOOR
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE LLC Manager ☐ Change ☒ Addition
NAME American Insurance Administrators, Inc.
STREET ADDRESS 2536 Countryside Blvd. 6th Floor
CITY-ST-ZIP Clearwater FL 33763

TITLE Managing Member ☐ Change ☒ Addition
NAME Allen Cloer
STREET ADDRESS 2536 Countryside Blvd. 6th Floor
CITY-ST-ZIP Clearwater FL 33763

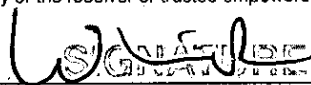
TITLE ☐ Change ☐ Addition
NAME 400003887874-6
STREET ADDRESS -03/20/01--01036--012
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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:  **SIGNATURE REQUIRED** 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 #

CR2E083 (11/00)