

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90240 027 ****50.00

DOCUMENT # M00000001988

1. Entity Name

**AMERILIFE & HEALTH SERVICES OF THE ATLANTIC COA
 ST, L.L.C.**

Principal Place of Business

**613 S. YONGE STREET
 ORMOND BEACH FL 32174**

Mailing Address

**2536 COUNTRYSIDE BLVD., 6TH FLOOR
 CLEARWATER FL 33763**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3665453**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHATANOFF, ROBERT HARRY
 2536 COUNTRYSIDE BLVD., 6TH FLOOR
 CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name

North, Heather

Street Address (P.O. Box Number is Not Acceptable)

2536 Countryside Blvd. 6th 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete
 NAME **AMERICAN INSURANCE ADMINISTRATORS, INC.**
 STREET ADDRESS **2536 COUNTRYSIDE BLVD., 6TH FLOOR**
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **MGR** ☒ Delete
 NAME **AMERICAN INSURANCE ADMINISTRATORS, INC.**
 STREET ADDRESS **2536 COUNTRYSIDE BLVD., 6TH FLOOR**
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **MGRM** ☒ Delete
 NAME **CLOER, ALLEN**
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Waters, Stephen**
 STREET ADDRESS **613 S. Yonge Street**
 CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **York, Christopher**
 STREET ADDRESS **2536 Countryside Blvd 6th Floor**
 CITY-ST-ZIP **Clearwater FL 33763**

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

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:

STEPHEN WATERS

2/19/02

727-726-0726

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

Date

Daytime Phone #

CR2E083 (9/01)