

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N10544**

1. Entity Name

Key Life Network, Inc.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90012 043 ****70.00

Principal Place of Business

539 Versailles Dr.
Maitland, FL 32751
US

Mailing Address

P.O. Box 945000
Maitland, FL 32794
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2607667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Farmer, Richard A.
1405 Green Cove Rd.
Winter Park, FL 32789

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Delete
NAME **Brown, Stephen W.**
STREET ADDRESS **901 Kensington Garden Ct.**
CITY-ST-ZIP **Orlando, FL 32765**

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

TITLE **S/D** ☐ Delete
NAME **Luder Whitlock**
STREET ADDRESS **1700 Spring Lake Dr.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **S/D** ☒ Change ☒ Addition
NAME **Peter Alwinson**
STREET ADDRESS **1020 Forest Circle**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **T/D** ☒ Delete
NAME **Spaniolo, James D.**
STREET ADDRESS **1298 Hillwood Cir.**
CITY-ST-ZIP **East Lansing MI 48823**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Luder Whitlock**
STREET ADDRESS **1700 Spring Lake Dr**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **V/M** ☒ Delete
NAME **Farmer, Richard**
STREET ADDRESS **1405 Green Cove Rd**
CITY-ST-ZIP **Winter Park FL 32789**

TITLE **V/M** ☐ Change ☒ Addition
NAME **George Bingham**
STREET ADDRESS **704 Kissimmee Pl**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **C/D** ☐ Delete
NAME **Davidson, Harper W.**
STREET ADDRESS **4536 San Amaro Dr.**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Bingham** 5/22/00 407-539-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)