## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000002808

LIFE UNDERWRITERS OF GAINESVILLE, INC.

Principal Place of Business 2631-B NW 41ST ST GAINESVILLE FL 32606

Mailing Address P.O. BOX 147050

**GAINESVILLE FL 32614** 

## **FILED** Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90036 028 \*\*\*\*61.25



Date Incorporated or Qualifed

| 2. Principal Pl  | ace of Business  | 2a. Mailing Address |                               | 3. Date incorporated or Qualified 06/16/1993                       |            |  |
|--|--|---------------------|-------------------------------|--|------------|--|
| 21 <u>2</u> 333  | 2 MW34P121   | 26                  |                               |  | nlied For  |  |
| Suite, Apt. :  | #, etc.  | Suite, Apt. #, etc. |                               | E0 0707000   | plied For  |  |
| 22 <   |  | 27                  | **                            |  |            |  |
| City & State   | estille Re   | City & State        |                               | 5. Certifcate of Status Desired Fee Re                             |            |  |
| Zip Country Zip  |  |                     | Country                       | 6. Election Campaign Financing S5.00                               | May Be     |  |
| 24 32606 25 A[achua 29 30  |  | ·                   | Trust Fund Contribution Added | , ,  |            |  |
| 9. Name and Address of Current Registered Agent  |  |                     |                               | 10. Name and Address of New Registered Agent                       |            |  |
|  | ,  |                     | 81 Name (                     | Bentice Caldwell   |            |  |
| VISSCHER, JONATHALLE   |  |                     | 82 Street Ad                  | DOATICE CO.                    |            |  |
| 2631-B NW 448T ST  |  | -     283±          | NW 41st-Street                |  |            |  |
| GAINESVILLE FL 32606   |  |                     | 83                            | Nich T   |            |  |
| JAMES TIES TO STATE OF THE STAT |  |                     | 84 Cibr                       | 85 Zip   | Code       |  |
|  |  | •                   | 1.160                         | inesvillo FL 32  | <i>606</i> |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  |  |                     |                               |  |            |  |
| agent. I am camiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  |  |                     |                               |  |            |  |
| SIGNATURE / nothing Coldinglo Beatrice Caldwell Treasurer 2/16/79  |  |                     |                               |  |            |  |
|  | Signature, typed or printed name of registered agent a |                     | stered Agent signature requ   | uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | RS IN 12   |  |
| 12.  | OFFICERS AND   | 5 <u>.</u>          | 13.                           |  | Addition   |  |
| TITLE  | PD:  | DELETE              | 1.1 TITLE                     | Martin, Sidney J. Jr. Achange Pr.                                  | esident    |  |
| NAME   | LOWERY, JOSEPH E                                       |                     | 1.2 NAME                      | 2400 NW 6 5 Street   | encer,     |  |
| STREET ADDRESS   | 408 W. UNIVERSITY AVE, #308                            |                     | 1.3 STREET ADDRESS            |  |            |  |
| CfTY-ST-ZIP  | GAINESVILLE FL 92601                                   |                     | 1.4 CITY-ST-ZIP               | Jainesville fc 32601   | ☐ Addition |  |
| TITLE  | DV   | ☐ DELETE            | 2.1 TITLE                     | Randy West   | 7          |  |
| NAME   | Martin, Sidney J Jr                                    |                     | 2.2 NAME                      | 901 and 574 Street Vice  | -17005-    |  |
| STREET ADDRESS   | 2246 NW 40TH TERR                                      |                     | 2.3 STREET ADDRESS            | Gainesville fl 32605   |            |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32606                                   |                     | 2.4 CITY-ST-ZIP               |  | ☐ Addition |  |
| TITLE  | DC   | DELETE              | 3.1 TITLE                     | Earl White Thange  | ☐ Addition |  |
| NAME   | ROSENBLATT, HOWARD:M                                   |                     | 3.2 NAME                      | Wation   |            |  |
| STREET ADDRESS   | 2830 NW 41ST ST-J                                      |                     | 3.3 STREET ADDRESS            | Hainesville R 31606 Comm   | Heeman     |  |
| CITY-ST-ZIP  | GAINESVILLE FL 92606                                   |                     | 3.4. CITY-ST-ZIP              | sumsville R 34606  | Addition   |  |
| TITLE  | .\$D   | _                   | 4.1 TITLE                     | Beatrice Caldwell Schange<br>2830 NW 41st Street Swin              | □ wagiion  |  |
| NAME   | VISSCHER, JONATHAN E                                   |                     | 4 2 NAME                      | 2830 NID 415+ Street Suit  | k J        |  |
| STREET ADDRESS   | 2631-B NW 41ST-ST                                      |                     | 4.3 STREET ADDRESS            | Gainesville Rc 32606 Trea  | surer      |  |
| CITY-ST-ZIP  | GAINESVILLE FL 32606                                   |                     |                               | Goinesville Ec 32606 1/29  | Addition   |  |
| TITLE  | VD -   | 7-4                 | 5.1 TITLE                     | Change   |            |  |
| NAME   | SKILES, JAMES E-HI                                     |                     | 5.2 NAME                      |  |            |  |
| STREET ADDRESS   | P.O. BRAWER 790  |                     | 5.3 STREET ADDRESS            |  |            |  |
| CITY-ST-ZIP  | GAINESVILLE FL   |                     | 5.4 CITY-ST-ZIP<br>6.1 TITLE  | ☐ Change   | ☐ Addition |  |
| TITLE  |  | _ beeen             |                               | Cusuite.   |            |  |
| NAME   |  | ļ.                  | 6.2 NAME                      |  |            |  |
| STREET ADDRESS   |  |                     | 6.3 STREET ADDRESS            |  |            |  |
| CITY-ST-7ID  |  |                     | 6.4 CITY-ST-ZIP               |  |            |  |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: