

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002808

1. Entity Name

LIFE UNDERWRITERS OF GAINESVILLE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90098 006 ****61.25

Principal Place of Business

2830 NW 41ST ST
J
GAINESVILLE FL 32606
US

Mailing Address

P.O. BOX 147050
GAINESVILLE FL 32614-7050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2767926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, BEATRICE
2830 NW 41ST ST
STE J
GAINESVILLE FL 32606

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	PD	☒ Delete
NAME	LOWERY, JOSEPH E	
STREET ADDRESS	408 W. UNIVERSITY AVE, #308	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DV	☒ Delete
NAME	MARTIN, SIDNEY J JR	
STREET ADDRESS	2246 NW 40TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DC	☒ Delete
NAME	ROSENBLATT, HOWARD M	
STREET ADDRESS	2830 NW 41ST ST-J	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	SD	☒ Delete
NAME	VISSCHER, JONATHAN E	
STREET ADDRESS	2631-B NW 41ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	☒ Delete
NAME	SKILES, JAMES E III	
STREET ADDRESS	P.O. DRAWER 790	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	RANDY O. WEST	
STREET ADDRESS	4420 N.W. 14 PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	V/P/D	☐ Change ☐ Addition
NAME	LEWIS J. MANN	
STREET ADDRESS	421 N.W. 79 DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T/S	☐ Change ☐ Addition
NAME	BEATRICE CALDWELL	
STREET ADDRESS	2830 NW 41 ST SUITE J	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Beatrice Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000 (352) 373-7100

CR2E037 (9/99)