2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State
01-20-2001 90081 006 ****61.25

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DOCUMENT # N93000002808

1. Entity Name

LIFE UNDERWRITERS OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
2830 NW 41ST ST J GAINESVILLE FL 32606 US	P.O. BOX 147050 GAINESVILLE FL 32614

AUUU72U6

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5520 SW 24 TERR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State
Zip: 32608 Country: USA	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: BEA CALDWELL Street Address (P.O. Box Number is Not Acceptable) 5520 SW. 24 TERR City GAINESVILLE FL **FL** Zip Code 32608

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: _____ January 10, 2001

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, RANDY D 4420 NW 14 PL GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEWIS J. MANN 421 N.W. 79 DR GAINESVILLE FL 32607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANN, LEWIS J 421 NW 79 DR GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOE BELGRADE 3620-A N.W 43 St GAINESVILLE, FL 32606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS CALDWELL, BEATRICE 2830 NW 41 ST STE J GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BEATRICE CALDWELL 5520 SW 24 TER GAINESVILLE FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGN REQUIRED 1-10-01 (352) 321-6693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #