NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State
07-22-2002 90151 035 ****70.00

DOCUMENT # N93000002808

1. Entity Name

LIFE UNDERWRITERS OF GAINESVILLE, INC.

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[redacted] - 40238

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2. Principal Place of Business	3. Mailing Address
3620 NW 43rd Street	SAME
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State
Zip: 32606 Country: Alachua	Zip / Country

4. FEI Number 59-2767926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rod Whited

Street Address (P.O. Box Number Is Not Acceptable): 3620NW 43rd Street Suite A

City: Gainesville FL Zip Code: 32606

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: Rod Whited, President 7/17/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE P NAME Rod Whited D STREET ADDRESS 3620 NW 43rd Street CITY-ST-ZIP Gainesville FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME David Ashley D STREET ADDRESS 3620-A NW 43rd Street CITY-ST-ZIP Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Marion Harris D STREET ADDRESS 6110-D NW 1st Place CITY-ST-ZIP Gainesville, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Date