

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002645

1. Entity Name

LIFE UNIVERSITY, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90086 050 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7102 INTERBAY BLVD.  
TAMPA FL 33616

PO BOX 17408  
CLEARWATER FL 33762-0408  
US

2. Principal Place of Business

3. Mailing Address

15400 ROOSEVELT BLVD

15400 ROOSEVELT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 109

# 109

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip  
33760-3562

Country  
USA

Zip  
33760-3562

Country  
USA

4. FEI Number

59-3504641

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent 33760-3562

7. Name and Address of New Registered Agent

WOOD, ELMER R REV.

15400 ROOSEVELT BLVD 109

CLEARWATER FL 33760-3562

Name

SAME

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 REV. ELMER R. WOOD

Rev. Elmer R. Wood

1-14-2000

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

61.25  
8.75  
\$70.00

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 D ☐ Delete  
NAME WOOD, ELMER R REV.  
STREET ADDRESS 15400 ROOSEVELT BOULEVARD, #109  
CITY-ST-ZIP CLEARWATER FL 33760-3562

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

TITLE D ☐ Delete  
NAME WILLIAMS, MICHAEL  
STREET ADDRESS 808 24TH AVENUE, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704

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

TITLE D ☐ Delete  
NAME BARONE, JOHN  
STREET ADDRESS 6607 GLENCOE DRIVE  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: REV. ELMER R. WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-2000

CR2E037 (9/99)