

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002216

1. Entity Name

MASTERLIFE INTERNATIONAL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90077 012 ****70.00

Principal Place of Business

Mailing Address

10718 SPRING BUCK TRAIL
ORLANDO FL 32825

10718 SPRING BUCK TRAIL
ORLANDO FL 32825-8524

2. Principal Place of Business

3. Mailing Address

349 PRAIRIE DUNE WAY

P.O. BOX 781125

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

T593566471

Applied For

Not Applicable

Zip

32828

Country

ORANGE

Zip

32878-1125

Country

ORANGE

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

VESCOVI, TIMOTHY M
10718 SPRING BUCK TRAIL
ORLANDO FL 32825

Name

CAROLINE BELL

Street Address (P.O. Box Number is Not Acceptable)

TAX SAVERS

5390 HOFFNER AVE

City

ORLANDO

FL

Zip Code

32912

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 D ☒ Delete
NAME VESCOVI, TIMOTHY M
STREET ADDRESS 10718 SPRING BUCK TRAIL
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☒ Addition
NAME BOARD CHAIRMAN
STREET ADDRESS STEPHEN MICHAEL CLINTON
CITY-ST-ZIP 100 SUNFORT LANE
ORLANDO, FL 32809

TITLE D ☒ Delete
NAME VESCOVI, JANET S
STREET ADDRESS 10718 SPRING BUCK TRAIL
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☒ Addition
NAME VIRGINIA CHRISTOPHER
STREET ADDRESS 6741 POT-O-GOLD LANE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE D ☐ Delete
NAME KILLINGSWORTH, TIPTON DAVID
STREET ADDRESS 349 PRAIRIE DUNE WAY
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☒ Addition
NAME BOARD SECRETARY
STREET ADDRESS KILLINGSWORTH, TIPTON DAVID
CITY-ST-ZIP 349 PRAIRIE DUNE WAY
ORLANDO, FL 32828

TITLE D ☐ Delete
NAME KILLINGSWORTH, LAUREL DIANE
STREET ADDRESS 349 PRAIRIE DUNE WAY
CITY-ST-ZIP ORLANDO FL 32828

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

TITLE ☐ Delete
NAME VIRGINIA CHRISTOPHER
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:

TIP KILLINGSWORTH TIPTON D. KILLINGSWORTH

1-25-00 (407)384-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)