

2000 UNIFORM BUSINESS REPORT (UBR)

4-2000-00075-027 ***150.00

DOCUMENT # P95000077726

1. Entity Name

AHL SELECT HMO, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-26-2000 90075 027 ***150.00

Principal Place of Business
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224

Mailing Address
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224-6687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3367257**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VERLANDER, CHRIS A
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent **Correction**
Name **John K. Anderson, Jr.**
Street Address (P.O. Box Number is Not Acceptable) **1776 American Heritage Life Drive**
City **Jacksonville** **FL** Zip Code **32224-6688**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUGLAS, T. O'NEAL			NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERLANDER, CHRIS A			NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP			
TITLE	OP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUM, JAMES H			NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, K. PEARL			NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOREHEAD, C. RICHARD			NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	DST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Anderson, John K., Jr.		
STREET ADDRESS				STREET ADDRESS	1776 American Heritage Life Drive		
CITY-ST-ZIP				CITY-ST-ZIP	Jacksonville, FL 32224		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John K. Anderson, Jr.** (904) 992-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)