

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032652

1. Entity Name

FLORIDA LIFE & HEALTH BROKERAGE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 042 ***150.00

Principal Place of Business

Mailing Address

ALTAMONTE PROFESSIONAL CENTER
452 OSCEOLA ST SUITE 104
ALTAMONTE SPRINGS FL 32701
US

ALTAMONTE PROFESSIONAL CENTER
452 OSCEOLA ST SUITE 104
ALTAMONTE SPRINGS FL 32701-7800
US

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1970 Saxon BLVD.

Suite, Apt. #, etc.

3. Mailing Address

103 FOX VALLEY CT

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Longwood FL

4. FEI Number

59-3382470

Applied For

Not Applicable

Zip

32725

Country

USA

Zip

32779

Country

USA

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

HABIB, MAZE
681 SABAL PALM CIRCLE
ALTAMONTE SPRINGS FL 32701

Name DORIS C. LOCKS

Street Address (P.O. Box Number is Not Acceptable)
103 FOX VALLEY CT

City Longwood

FL

Zip Code 32779

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HABIB, MAZE
STREET ADDRESS 681 SABAL PALM CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE P.
NAME HABIB, MAZE
STREET ADDRESS 1970 SAXON BLVD
CITY-ST-ZIP DELTONA FL 32725

☒ Change

☐ Addition

TITLE VP
NAME GALESKI, EDWARD W
STREET ADDRESS 1221 LEE RD #207
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VP
NAME GALESKI, EDWARD W.
STREET ADDRESS 1950 Lee Rd Suite 209
CITY-ST-ZIP Winter Park FL 32789

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)