

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90055 026 ***150.00

DOCUMENT # P97000038999

1. Entity Name

LIFE MANAGEMENT 2000, INC.

Principal Place of Business

Mailing Address

1833 HALSTEAD BLVD., STE. 1409
TALLAHASSEE FL 32308

1833 HALSTEAD BLVD., STE. 1409
TALLAHASSEE FL 32308-3477

2. Principal Place of Business

1800 R St. NW

3. Mailing Address

1800 R St. NW

Suite, Apt. #, etc.

409

Suite, Apt. #, etc.

409

City & State

Washington DC

City & State

Washington DC

Zip

20009

Country

USA

Zip

20009

Country

USA

4. FEI Number

59-3473662

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID RHEA
1833 HALSTEAD BLVD # 1409
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **BEVERLY FEY**
Street Address (P.O. Box Number is Not Acceptable)

308 Englewood Dr

City **Tallahassee**

FL

Zip Code **32308**

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

BEVERLY FEY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

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

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

TITLE **D** ☐ Delete
NAME **PERRY, RAY**
STREET ADDRESS **1833 HALSTEAD BLVD., STE. 1409**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete
NAME **RHEA, DAVID**
STREET ADDRESS **1833 HALSTEAD BLVD., STE. 1409**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Perry, Ray**
STREET ADDRESS **1800 R St NW # 409**
CITY-ST-ZIP **Washington DC 20009**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Rhea, David**
STREET ADDRESS **1800 R St NW # 409**
CITY-ST-ZIP **Washington, DC 20009**

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)