

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052605

1. Entity Name

AMERILIFE AND HEALTH SERVICES OF COLLIER COUNTY

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90111 024 \*\*\*150.00

Principal Place of Business

Mailing Address

3421 BONITA BEACH  
SUITE 401  
BONITA SPRING FL 34134  
US

2536 COUNTRYSIDE BLVD. 6TH FLR.  
CLEARWATER FL 33763-1639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3452313**

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

7. Name and Address of New Registered Agent

THORNTON, R. MAURY L  
2536 COUNTRYSIDE BLVD. 6TH FLR.  
CLEARWATER FL 33763

Name

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

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) ☒

**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	PD	<input type="checkbox"/> Delete
NAME	HURWITZ, JEFFREY	
STREET ADDRESS	3421 BONITA BEACH RD SUITE 401	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THORNTON, R MAURY	
STREET ADDRESS	2536 COUNTRYSIDE BLVD 6TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R Maury Thornton 3/23/00 727-726-0726

Date

Daytime Phone #

CR2E034 (9/99)