## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P97000052605 1. Entity Name AMERILIFE AND HEALTH SERVICES OF COLLIER COUNTY 02-21-2001 90056 031 \*\*\*150.00 Principal Place of Business Mailing Address 3421 BONITA BEACH 2536 COUNTRYSIDE BLVD. 6TH FLR. **CLEARWATER FL 34623** SUITE 401 **BONITA SPRING FL 34134** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3452313 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THORNTON, R. MAURY L Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD. 6TH FLR. **CLEARWATER FL 33763** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE NAME NAME HURWITZ, JEFFREY STREET ADDRESS STREET ADDRESS 3421 BONITA BEACH RD SUITE 401 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Addition Change ☐ Delete TITLE NAME NAME THORNTON, R MAURY STREET ADDRESS STREET ADDRESS 2536 COUNTRYSIDE BLVD 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34623 □ Change ☐ Addition = TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 life empowered.

**SIGNATURE** 

Maury Thornton 2-19-01 727-726-0726 ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR