

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000071635

1. Entity Name

AMERI-LIFE AND HEALTH SERVICES OF  
CENTRAL GEORGIA, INC.

Principal Place of Business

Mailing Address

4357 Forsyth Road  
Macon, GA 31210

2536 Countryside Blvd.  
Sixth Floor  
Clearwater, FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0858610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0037710**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MAURY THORNTON**  
**2536 COUNTRYSIDE BLVD., SIXTH FLOOR**  
**CLEARWATER, FL 33763**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEPE, W. DENNIS	
STREET ADDRESS	2536 COUNTRYSIDE BLVD. 6th FLOOR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	PATRICK, WANITA S.	
STREET ADDRESS	2536 COUNTRYSIDE BLVD. 6th FLOOR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THORNTON, R. MAURY	
STREET ADDRESS	2536 COUNTRYSIDE BLVD. 6th FLOOR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 S/T** **2/29/00** **(727) 726-0726**

Date

Daytime Phone

CR2E034 (9/99)