2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000073574**

AMERILIFE AND HEALTH SERVICES OF KNOXVILLE, INC

Principal Place of Business

2. Principal Place of Business

changed, or on an attacl

SIGNATURE:

ment with an address, with all other like empowered

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

= EXECUTIVE PARK, SUITE 103 TN 37923

9040 EXECUTIVE PARK, SUITE 103 KNOXVII I F TN 37922-2931

Applied For City & State 4. FEI Number City & State 59-3534141 Not Applicable Zip Country \$8.75 Additional Zip Country 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., SIXTH FLOOR **CLEARWATER FL 33763** 2ip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE ìΡ. PEPE, W. DENNIS NAME PEPE, W. DENNIS 2536 COUNTRYSIDE BLVD., SIXTH FLOOR STREET ADDRESS STREET ADDRESS 2536 Countryside Blvd., Sixth Floor CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** learwater, FL 33763 Change ☐ Addition ☐ Delete TITLE TITLE PATRICK, WANITA S NAME NAME 2536 COUNTRYSIDE BLVD.; 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Addition ST ☐ Delete Change TITLE THORNTON, MAURY R NAME NAME 2536 COUNTRYSIDE BLVD., 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED Mar 01, 2000 8:00 am **Secretary of State**

03-01-2000 90002 046 ***150.00

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DO NOT WRITE IN THIS SPACE