2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023196

1. Entity Name

NEW LIFE SETTLEMENTS, INC.

Principal Place of Business	Mailing Address
10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 32095	10575 OLD DIXIE HIGHWAY ST. AUGUSTINE FL 33801-5252

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 500 S. Florida Avenue, Suite 240 City & State Lakeland, FL 33801	Suite, Apt. #, etc. 500 S. Florida Avenue, Suite 240 City & State Lakeland, FL 33801

Zip	Country	Zip	Country

4. FEI Number: 59-3566250 — Applied For ☐ Not Applicable ☐

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
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202	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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE CEO NAME JOHN B. HART STREET ADDRESS 500 S. Florida Avenue, Suite 240 CITY-ST-ZIP Lakeland, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRES NAME MARK R. WELLS STREET ADDRESS 500 S. Florida Avenue, Suite 240 CITY-ST-ZIP Lakeland, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V.P. NAME JOHN J. PENIYACHIO STREET ADDRESS 500 S. Florida Avenue, Suite 240 CITY-ST-ZIP Lakeland, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE TS NAME BARRY M. FITTERMAN STREET ADDRESS 500 S. Florida Avenue, Suite 240 CITY-ST-ZIP Lakeland, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 _____ Barry M. Fitterman 4/28/00 863/ 284-1181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/99)