## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V41854**

AMERILIFE AND HEALTH SERVICES OF WINSTON-SALEM.

Principal Place of Business

Mailing Address

3. Mailing Address

3913 COUNTRY CLUB ROAD WINSTON-SALEM NC 27104

2536 COUNTRYSIDE BLVD CLEARWATER FL 34623

2. Principal Place of Business

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State

Zip

Country

THORNTON, R. MAURY

**CLEARWATER FL 33763** 

2536 COUNTRYSIDE BLVD., SIXTH FLOOR

City & State

Zip Country

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

59-3143418

**FILED** 

02-21-2001 90063 045 \*\*\*150.00

TOIVO

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

Name

FL

Zip Code

\$8.75 Additional

Fee Required

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME NAME LANFORD, JOSEPH STREET ADDRESS STREET ADDRESS 3913 COUNTRY CLUB ROAD CITY-ST-ZIP CITY-ST-ZIP WINSTON-SALEM NC 27104 ST ☐ Delete TITLE ☐ Change ☐ Addition NAME THORNTON, MAURY R NAME STREET ADDRESS STREET ADDRESS 2536 COUNTRYSIDE BLVD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete TITLE THE جوريے ہوئے۔ \_ Change \_\_\_ 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change 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 any 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 its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack In with an address, with

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maury Thornton