

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V41862**

1. Entity Name

**AMERI-LIFE AND HEALTH SERVICES OF GREENSBORO, IN****FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90107 039 \*\*\*150.00

Principal Place of Business

**4004 J SPRING GARDEN ST  
GREENSBORO NC 27407  
US**

Mailing Address

**2536 COUNTRYSIDE BLVD  
CLEARWATER FL 33763-1633**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3143401**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KREIDER, JAMES	4004 J SPRING GARDEN ST	GREENSBORO NC 2740	PD	SEAN WARD	4004 J SPRING GARDEN STREET	GREENSBORO NC 27407
ST	THORNTON, MAURY R	2536 COUNTRYSIDE BLVD	CLEARWATER FL				

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****3/23/00****727 726 0726**

Date

Daytime Phone #

CR2E034 (9/99)