

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90121 011 \*\*\*150.00

**DOCUMENT # V41865**

1. Entity Name

**AMER-LIFE AND HEALTH SERVICES OF ASHEVILLE, INC**

Principal Place of Business

Mailing Address

2367 HENDERSONVILLE RD  
 ARDEN NC 28704  
 US

2536 COUNTRYSIDE BLVD  
 CLEARWATER FL 34623

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 **59-3143397**

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

**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, 2001 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  
**PD**  
**RAINWATER, DAVID**  
**2367 HENDERSONVILLE RD**  
**ARDEN NC**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**THORNTON, MAURY R**  
**2536 COUNTRYSIDE BLVD**  
**CLEARWATER FL**

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. Maury Thornton**

**2-19-01**

**727-726-0726**

Date

Daytime Phone #

CR2E034 (10/00)

0369427