

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90016 023 \*\*\*150.00

**DOCUMENT # F97000002375**

1. Entity Name  
**ARC TARPON SPRINGS, INC.**

Principal Place of Business WESTWOOD PLACE., #402 TN 37027	Mailing Address 111 WESTWOOD PLACE., #402 BRENTWOOD TN 37027-5057
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DO NOT WRITE IN THIS SPACE

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 <b>62-1689050</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 \_\_\_\_\_ (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 CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIFF, W E		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		CITY-ST-ZIP	
TITLE EVCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAESTNER, H T		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		CITY-ST-ZIP	
TITLE EVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONEY, JAMES T		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		CITY-ST-ZIP	
TITLE VDFC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKS, GEORGE T		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		CITY-ST-ZIP	
TITLE SVPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWNS, TOM		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		CITY-ST-ZIP	
TITLE CPM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKNIGHT, LEE		NAME	
STREET ADDRESS 111 WESTWOOD PLACE., #402		STREET ADDRESS	
CITY-ST-ZIP BRENTWOOD TN 37027		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-26-00 615 221 2260  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)