

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0804100 AT

**DOCUMENT # F97000002375**

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

04-03-2002 90016 007 \*\*\*150.00

Principal Place of Business Mailing Address  
**111 WESTWOOD PLACE.. #200 111 WESTWOOD PLACE.. #200**  
**BRENTWOOD TN 37027 BRENTWOOD TN 37027**

**619044**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>62-1689050</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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: \_\_\_\_\_ **REQUIRED** **1-25-02 605 221 2250**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)