

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90048 014 \*\*\*150.00

**DOCUMENT # F97000002734**

1. Entity Name

**ARC SUN CITY CENTER, INC.**

Principal Place of Business

Mailing Address

111 WESTWOOD PLACE STE 402  
 BRENTWOOD TN 37027

111 WESTWOOD PLACE STE 402  
 BRENTWOOD TN 37027-5057

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 **62-1689052**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>KAESTNER, H T</b>	
STREET ADDRESS	<b>111 WESTWOOD PLACE STE 402</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>MONEY, JAMES T</b>	
STREET ADDRESS	<b>111 WESTWOOD PLACE STE 402</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>HICKS (CFO), GEORGE T</b>	
STREET ADDRESS	<b>111 WESTWOOD PLACE STE 402</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>SHERIFF, W.E.</b>	
STREET ADDRESS	<b>111 WESTWOOD PLACE STE 402</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COATES, CHRISTOPHER</b>	
STREET ADDRESS	<b>111 WESTWOOD PLACE STE 402</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-00** **615 221 2260**  
 Date Daytime Phone #