

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2002 90016 012 ***150.00

0604093 AT

DOCUMENT # F98000001238
 1. Entity Name
ARC BAHIA OAKS, INC.

Principal Place of Business 111 WESTWOOD PLACE, STE 402 SUITE 200 BRENTWOOD TN 37027	Mailing Address 111 WESTWOOD PLACE, STE 402 SUITE 200 BRENTWOOD TN 37027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 62-1725722	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	SHERIFF, W E	
STREET ADDRESS	111 WESTWOOD PLACE SUITE 200	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HICKS, GEORGE T	
STREET ADDRESS	111 WESTWOOD PLACE SUITE 200	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAESTNER, H T	
STREET ADDRESS	111 WESTWOOD PLACE SUITE 200	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONEY, JAMES T	
STREET ADDRESS	111 WESTWOOD PLACE SUITE 200	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	P	<input type="checkbox"/> Delete
NAME	COATES, CHRISTOPHER J	
STREET ADDRESS	111 WESTWOOD PLACE SUITE 200	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-02 6-15-221-2250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)