

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

02-08-2000 90048 013 \*\*\*150.00

DOCUMENT # F98000006666
1. Entity Name
ARC LADY LAKE, INC.
Principal Place of Business
Mailing Address
111 WESTWOOD PLACE, SUITE 402
BRENTWOOD TN 37027



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR
5. Certificate of Status Desired \$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
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 reinstalling.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 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 Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include: CEOC SHERR, W E; EV KAESTNER, H. T; EV MONEY, JAMES T; S HICKS, GEORGE T; V DOWNS, TOM; V MCKNIGHT, LEE.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] DATE: 1-31-00 DAYTIME PHONE: 605 221 2260

Form **SS-4**

# Application for Employer Identification Number

EIN

62-1760164  
OMB No. 1545-0043  
Expires 12-31-96

(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**ARC Lady Lake, Inc.**

2 Trade name of business, if different from name in line 1  
3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**Suite 402, 111 Westwood Place**

4b City, state, and ZIP code  
**Brentwood, TN 37027**

5a Business address, if different from address in lines 4a and 4b  
5b City, state, and ZIP code

6 County and state where principal business is located  
**Williamson County, Tennessee**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.)  
**W.E. Sheriff**

8a Type of entity (Check only one box.) (See instructions.)  
 Sole Proprietor (SSN)  
 REMIC  
 State/local government  
 Other nonprofit organization (specify)  
 Other (specify)  
 Personal service corp.  
 National guard  
 Estate (SSN of decedent)  
 Plan administrator-SSN  
 Other corporation (specify)  
 Federal government/military  
 Trust  
 Partnership  
 Farmers' cooperative  
 Church or church controlled organization  
(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated  
State: **Tennessee** Foreign country:

9 Reason for applying (Check only one box.)  
 Started new business (specify) **formed corp**  
 Hired employees  
 Created a pension plan (specify type)  
 Banking purpose (specify)  
 Changed type of organization (specify)  
 Purchased going business  
 Created a trust (specify)  
 Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**10/23/98**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."  
Nonagricultural: **-0-** Agricultural: Household:

14 Principal activity (See instructions.) **senior/assisted living facilities**  
 Yes  No

15 Is the principal business activity manufacturing?  
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check the appropriate box.  
 Public (retail)  Other (specify)  
 Business (wholesale)  N/A

17a Has the applicant ever applied for an identification number for this or any other business?  
Note: If "Yes," please complete lines 17b and 17c.  
 Yes  No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.  
Legal name: Trade name:

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.  
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)  
Signature: **Robert Vattelle** Date: **11/17/98**

Note: Do not write below this line. For official use only.  
Please leave blank: Geo. Inc. Class Size Reason for applying

