

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000362

1. Entity Name
MCCRIGHT & ASSOCIATES, L.C.

Principal Place of Business 744 MCCALLIE AVENUE, SUITE 410 DOCTOR'S BUILDING CHATTANOOGA TN 37403	Mailing Address 744 MCCALLIE AVENUE, SUITE 410 DOCTOR'S BUILDING CHATTANOOGA TN 37403-2533
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2. Principal Place of Business 4220 DAYTON BLVD Suite, Apt. #, etc. SUITE H	3. Mailing Address PO BOX 6038 Suite, Apt. #, etc.
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City & State CHATTANOOGA TN	City & State CHATTANOOGA TN	4. FEI Number 62-1722156	Applied For <input type="checkbox"/> Not Applicable
Zip 37415	Country USA	Zip 37401	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCRIGHT, STAN 744 MCCALLIE AVENUE, SUITE 410 CHATTANOOGA TN 37403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCRIGHT, SARAH 744 MCCALLIE AVENUE, SUITE 410 CHATTANOOGA TN 37403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCRIGHT, NICOLLE 744 MCCALLIE AVENUE, SUITE 410 CHATTANOOGA TN 37403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4220 DAYTON BLVD, SUITE H CHATTANOOGA TN 37415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4220 DAYTON BLVD, SUITE H CHATTANOOGA TN 37415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003259915--6 -05/19/00--01101--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STANLEY J. MCCRIGHT Date: 4-25-2000 Daytime Phone #: 423-267-1300

CR2E083 (9/99)