

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001823

1. Entity Name

ARISTAR, INC.

FILED:

00 MAR 17 PM 12:29

Principal Place of Business

Mailing Address

8900 GRAND OAK CIR  
TAMPA FL 33637-1050  
US

8900 GRAND OAK CIR  
TAMPA FL 33637-1022  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4128205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code  
33324

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

*Barbara A. Burke*

3-14-00

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 PD  Delete  
NAME TALL, CRAIG E  
STREET ADDRESS 1201 3RD AVE  
CITY-ST-ZIP SEATTLE WA 98101

TITLE  Change  Addition  
NAME 400003203874-3  
STREET ADDRESS -04/11/00--01095--016  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE VPS  Delete  
NAME GARNER, JAMES R  
STREET ADDRESS 8900 GRAND OAK CIR  
CITY-ST-ZIP TAMPA FL

TITLE P/D  Change  Addition  
NAME CRAIG J. CHADMAN  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE VP  Delete  
NAME SHIGLEY, HENRY F  
STREET ADDRESS 8900 GRAND OAK CIR  
CITY-ST-ZIP TAMPA FL 33637

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPT  Delete  
NAME DOMINGO, MARANGAL I  
STREET ADDRESS 1201 3RD AVE  
CITY-ST-ZIP SEATTLE WA 98101

TITLE V/CFO  Change  Addition  
NAME PHILIP GODDEVE  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE AS  Delete  
NAME THURSTON, BEVERLY  
STREET ADDRESS 8900 GRAND OAK CIR  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME WHITING, GARY E  
STREET ADDRESS 8900 GRAND OAK CIR  
CITY-ST-ZIP TAMPA FL 33637

TITLE  Change  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:

*Beverly Thurston*

BEVERLY THURSTON

3/2/00

(813)632-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)