

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000705

1. Entity Name

AMERICAN ASH RECYCLING OF TENNESSEE, LTD.

Principal Place of Business

6622 SOUTHPOINT DRIVE, SOUTH, SUITE 310  
JACKSONVILLE FL 32216

Mailing Address

6622 SOUTHPOINT DRIVE, SOUTH, SUITE 310  
JACKSONVILLE FL 32216-6188

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

62-1667581

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



00 FEB -4 PM 2:20

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

6. Name and Address of Current Registered Agent

GIBBES, WILLIAM R  
6622 SOUTHPOINT DRIVE, SOUTH, SUITE 310  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name  
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue, Suite 3000

City  
Miami

FL

Zip Code  
33131

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

*Donald W. Wallis*  
Signature, typed or printed name of registered agent and title if applicable.

*Donald W. Wallis, Vice President 2-2-00*  
(NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions  
as Shown on record.

\$3,109,678.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # S86930  
NAME AMERICAN ASH RECYCLING CORP. OF TENNESSEE  
STREET ADDRESS 6622 SOUTHPOINT DRIVE, SOUTH, SUITE 310  
CITY - ST - ZIP JACKSONVILLE FL 32216

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 000003128540--6  
CITY - ST - ZIP -02/02/00--01130--028  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

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14. 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/2000

(904) 246-2800

Date

Daytime Phone #