

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

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

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)