

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000641

1. Entity Name

SOUTHEAST SERVICE CORPORATION OF TENNESSEE

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90262 030 ***150.00

Principal Place of Business

Mailing Address

406 WILLOW AVE.
KNOXVILLE TN 37915
US

PO BOX 52370
KNOXVILLE TN 37950-2370
US



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 62-1101779

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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	V	☒ Delete
NAME	MCCAMMON, ARTHUR	
STREET ADDRESS	1217 ASHGROVE DRIVE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	CPD	☐ Delete
NAME	WILLIAMS, DON R	
STREET ADDRESS	109 CRESTVIEW LANE	
CITY-ST-ZIP	OAK RIDGE TN	
TITLE	VT	☐ Delete
NAME	GIVEN, JAMES	
STREET ADDRESS	5517 RIVER POINT COVE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	S	☐ Delete
NAME	DONOVAN, JOHN A.	
STREET ADDRESS	5508 TIMBERCREST TR.	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	☐ Delete
NAME	BEALL, SAM	
STREET ADDRESS	1032 CRAIGLAND CT	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	☐ Change ☒ Addition
NAME	Bernard Decker	
STREET ADDRESS	2113 Cross Crddk Drive	
CITY-ST-ZIP	Maryville, TN 37803	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Sherri P Lee	
STREET ADDRESS	5555 Cove Island Road	
CITY-ST-ZIP	Knoxville, TN 37919	

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:

James Given

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

(865) 546-8880

C.F. E034 (9/99)