

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 022 ***150.00

DOCUMENT # F97000002312

1. Entity Name

ARC-TM, INC.

Principal Place of Business

110 S.E. Sixth St.

21st Floor

Fort Lauderdale, FL

33301

Mailing Address

110 S.E. Sixth St.

21st Floor

Fort Lauderdale, FL

33301

2. Principal Place of Business

200 S. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Address

200 S. Andrews Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0747699

Applied For

Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

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

Signature, typed or printed name of registered agent and fee 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Hawkins, Thomas W.	
STREET ADDRESS	110 S.E. Sixth St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	Cole, James O.	
STREET ADDRESS	110 S.E. Sixth Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Schwartz, Howard D.	
STREET ADDRESS	110 S.E. Sixth St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Hyle, Kathleen W.	
STREET ADDRESS	110 S.E. Sixth St.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	Sills, Howard	
STREET ADDRESS	110 S.E. Sixth St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VASC	<input type="checkbox"/> Delete
NAME	Hurst, O. Mason	
STREET ADDRESS	110 S.E. Sixth St.	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz,

Date

4/22/00

Daytime Phone #

954-320-4000