

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006786

1. Entity Name

ARC FORT AUSTIN PROPERTIES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90044 019 ***150.00

Principal Place of Business
111 WESTWOOD PLACE, SUITE 402
BRENTWOOD TN 37027

Mailing Address
111 WESTWOOD PLACE, SUITE 402
BRENTWOOD TN 37027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 200

City & State

Suite, Apt. #, etc.

Ste 200

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1484790

Applied For
Not Applicable

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

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, 2001 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	CCEO	<input type="checkbox"/> Delete
NAME	SHERIFF, W E	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KAESTNER, H T	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MONEY, JAMES T	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HICKS, GEORGE T	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	DOWNS, TOM	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, LEE	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	
CITY-ST-ZIP	BRENTWOOD TN 37027	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 Westwood Place, Ste 200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 Westwood Place, Ste 200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 Westwood Place, Ste 200	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	111 Westwood Place, Ste 200	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Coates, Christopher J	
STREET ADDRESS	111 Westwood Place, Ste 200	
CITY-ST-ZIP	Brentwood, TN 37027	

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

1-10-01 615 221 2260

Date Daytime Phone #

CR2E034 (10/00)