

2000 UNIFORM BUSINESS REPORT (UBR)

0547414

DOCUMENT # F98000003648

1. Entity Name

AMERICAN LIFESTYLES OF TENNESSEE, INC.

FILED

00 MAR -3 PM 12:50

Principal Place of Business

Mailing Address

KEITH STREET, N.W.
CLEVELAND TN 37312

3570 KEITH STREET, N.W.
CLEVELAND TN 37312-4309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 62-1340023

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PC	<input type="checkbox"/> Delete
NAME	PRESTON, FORREST L	
STREET ADDRESS	3570 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSK, ED	
STREET ADDRESS	3570 KEITH ST NW	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CLAYTON, ANGELENA Y	
STREET ADDRESS	3570 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CROSS, CINDY S	
STREET ADDRESS	3570 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Michael Waddell	
STREET ADDRESS	3570 Keith Street, NW	
CITY-ST-ZIP	Cleveland, TN 37312	
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		

CR2E034 (9/99)

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 an other like empowered.

American Lifestyles of Tennessee, Inc.

SIGNATURE: By: *Cindy S. Cross*

February 14, 2000 (423) 473-5867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy S. Cross, Assistant Secretary

Date

Daytime Phone #