

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006590

1. Entity Name

BEVERLY - TAMPA HOLDINGS, INC.

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

04-18-2000 90215 005 ***150.00

Principal Place of Business

5111 ROGERS AVENUE, SUITE 40-A
FORT SMITH AR 72919

Mailing Address

5111 ROGERS AVENUE, SUITE 40-A
FORT SMITH AR 72919-9007

2. Principal Place of Business

One Thousand Beverly Way

Suite, Apt. #, etc.

3. Mailing Address

One Thousand Beverly Way

Suite, Apt. #, etc.

City & State

Fort Smith, AR

City & State

Fort Smith, AR

Zip

72919

Country

USA

Zip

72919

Country

USA

4. FEI Number

71-0817007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD BANKS, DAVID R 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOTSON, DONALD L 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HENDRICKSON, BOYD W 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANLEY, BARRY S 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MATHIES, WILLIAM A 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFITH, JAMES M 5111 ROGERS AVENUE, SUITE 40-A FORT SMITH AR 72919	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Thousand Beverly Way Fort Smith, AR 72919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Thousand Beverly Way Fort Smith, AR 72919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, DGC, AS John W. MacKenzie One Thousand Beverly Way Fort Smith, AR 72919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Thousand Beverly Way Fort Smith, AR 72919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Thousand Beverly Way Fort Smith, AR 72919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Thousand Beverly Way Fort Smith, AR 72919

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

John W. MacKenzie
Vice President, Deputy
General Counsel and
Assistant Secretary
4/3/00 501-201-2000
Daytime Phone #

CR2E034 (9/99)