2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
02-08-2000 90048 013 ***150.00

DOCUMENT # F98000006666

1. Entity Name
ARC LADY LAKE, INC.

Principal Place of Business	Mailing Address
111 WESTWOOD PLACE, SUITE 402 BRENTWOOD TN 37027	111 WESTWOOD PLACE, SUITE 402 BRENTWOOD TN 37027-5057

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR | Applied For | Not Applied For

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEOC NAME SHERR, W E STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME Sheriff, W.E. STREET ADDRESS CITY-ST-ZIP	☑ Change ☐
TITLE EV NAME KAESTNER, H. T STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE EV NAME MONEY, JAMES T STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE S NAME HICKS, GEORGE T STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE V NAME DOWNS, TOM STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE V NAME MCKNIGHT, LEE STREET ADDRESS 111 WESTWOOD PLACE, SUITE 402 CITY-ST-ZIP BRENTWOOD TN 37027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 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 — Date 1-31-00 — Daytime Phone # 605 221 2260

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 62-1760864

OMB No 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
ARC Lady Lake, Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
Suite 402, 111 Westwood Place

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Brentwood, TN 37027

5b City, state, and ZIP code

6 County and state where principal business is located
Williamson County, Tennessee

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►
W.E. Sheriff

8a Type of entity (Check only one box.) (See instructions.)
- ☐ Sole Proprietor (SSN)
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☐ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ► State: Tennessee; Foreign country:

9 Reason for applying (Check only one box.)
- ☒ Started new business (specify) ► formed corp
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify) ►
- ☐ Changed type of organization (specify) ►
- ☐ Purchased going business
- ☐ Created a trust (specify) ►
- ☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)
10/23/98

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ►

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ►

Nonagricultural	Agricultural	Household
-0-		

14 Principal activity (See instructions.) ► senior/assisted living facilities

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ► Trade name ►

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)

Name and title (Please type or print clearly.) ►

Signature ► Robert Vattelet Date ► 11/17/98

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form SS-4 (Rev. 12-93)