

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002624

1. Entity Name

AHC MANAGEMENT, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90058 008 \*\*\*150.00

Principal Place of Business

745 S. CHURCH STREET  
MURFREESBORO TN 37130

Mailing Address

745 S. CHURCH STREET  
MURFREESBORO TN 37130-4984

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

City & State

4. FEI Number 62-1760995

Applied For

Not Applicable

Zip

37130

Country

USA

Zip

37130

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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 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	PD	<input type="checkbox"/> Delete
NAME	SWEENEY, PRESTON	
STREET ADDRESS	745 S. CHURCH STREET Ste. 301	
CITY-ST-ZIP	MURFREESBORO TN 37130	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, LORA	
STREET ADDRESS	745 S. CHURCH STREET	
CITY-ST-ZIP	MURFREESBORO TN 37130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Kelley	
STREET ADDRESS	745 S. Church St. Ste 301	
CITY-ST-ZIP	MURFREESBORO TENN. 37130	
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

Date

Daytime Phone #

615-896-1191

CP2E034 (9/99)