

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001589

1. Entity Name

Acorn-Homewood, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

111 Westwood Place

Suite, Apt. #, etc.
Suite 402

City & State

Brentwood, Tennessee

Zip

37027

Country

USA

3. Mailing Address

111 Westwood Place

Suite, Apt. #, etc.
Suite 402

City & State

Brentwood, Tennessee

Zip

37027

Country

USA

4. FEI Number

62-1820386

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee, FL Zip Code
32301

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

6-23-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
The Acorn Company, ☒ Delete
L.L.C. 767 Fifth Avenue -
26th Floor
New York, New York 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
The Acorn S Corporation ☒ Delete
767 Fifth Avenue - 26th
Floor
New York, New York 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE *MGR*
NAME
STREET ADDRESS
CITY-ST-ZIP
ARC Boca Raton, Inc. ☐ Change ☒ Addition
111 Westwood Place, Suite
402
Brentwood, Tennessee 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100003306991--4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

George Hicks, Managing Member

6-22-00

615-221-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

REINSTATEMENT 1999-2000

CD02002 (1/1/00)

FILED

00 JUN 28 PM 2:57



ACCOUNT NO. : 072100000052
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REFERENCE : 745776 4305663

AUTHORIZATION :

Patricia Pigato

COST LIMIT : ~~\$-55.00~~ 205.00 per Tamara

ORDER DATE : June 27, 2000

ORDER TIME : 2:43 PM

ORDER NO. : 745776-005

CUSTOMER NO: 4305663

CUSTOMER: Ms. Tina M. Maynard
Bass Berry & Sims
315 Deaderick Street
Suite 2700
Nashville, TN 37238-0002

ANNUAL REPORT FILING

NAME: ACORN-HOMEWOOD, LLC

RECEIVED
00 JUN 27 PM 4:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____