

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013267 AF

DOCUMENT # M99000000937

1. Entity Name
AMICO, LLC

00 MAY -2 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7003 CHADWICK DRIVE, SUITE 321
BRENTWOOD TN 37027

Mailing Address
7003 CHADWICK DRIVE, SUITE 321
BRENTWOOD TN 37027-5282



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
62-1771685

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE, WILLIAM J
26 SOUTH SEA ISLAND DRIVE
ORMOND BEACH FL 32176

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

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

9000003263929--7
-05/23/00--01100--017
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME DRIGGS, DAVID B
STREET ADDRESS 7003 CHADWICK DRIVE, SUITE 321
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME Dan T. Bedell
STREET ADDRESS 7003 Chadwick Dr STe 321
CITY-ST-ZIP Brentwood TN 37027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME Cynthia R. Covan
STREET ADDRESS 7003 Chadwick Dr Ste 321
CITY-ST-ZIP Brentwood TN 37027 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME William J George
STREET ADDRESS 26 South Sea Island Dr
CITY-ST-ZIP Ormond Beach FL 32176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME L. F. Emerson
STREET ADDRESS 116 30th Avenue South
CITY-ST-ZIP Nashville TN 37212 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

4/20/00

Date

615/370-3366

Daytime Phone #

CR2E083 (9/99)