

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2000 90357 048 ***150.00

DOCUMENT # P16770

1. Entity Name

TCBY SYSTEMS, INC.

Principal Place of Business

Mailing Address

**425 W CAPITOL SUITE 1100
 #1200
 LITTLE ROCK AR 72201
 US**

**425 W CAPITOL SUITE 1100
 #1200
 LITTLE ROCK AR 72201-3533
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0560662

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input type="checkbox"/> Delete
NAME	JAMES H. FINK	
STREET ADDRESS	5912 BUFFALO RIVER	
CITY-ST-ZIP	NO LITTLE ROCK AR	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HERREN C. HICKINGBOTHAM	
STREET ADDRESS	23 HICKORY HILLS CIR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	SAHENE, JAMES	
STREET ADDRESS	38 MASTERS PLACE	
CITY-ST-ZIP	MAUMELLE AR	
TITLE	DSGC	<input type="checkbox"/> Delete
NAME	WILLIAM P. CREASMAN	
STREET ADDRESS	12 BARBER DRIVE	
CITY-ST-ZIP	MAUMELLE AR	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WINTERS, WALT	
STREET ADDRESS	25 CLUB MANOR	
CITY-ST-ZIP	MAUMELLE AR	
TITLE		<input type="checkbox"/> Delete
NAME	SEE LIST ATTACHED	
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		
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: **JOHN ROGERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

501-688-8229

Daytime Phone #

CR2E034 (9/99)