

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90124 030 \*\*\*150.00

**DOCUMENT # P98000064756**

1. Entity Name

**ARTHUR ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

~~2363 SKYVIEW DRIVE~~  
~~MARYVILLE TN 37803~~

**1019 JAMES MEADOW ROAD**  
**KNOXVILLE TN 37923**

2. Principal Place of Business

3. Mailing Address

**1019 JAMES MEADOW ROAD**

**1019 JAMES MEADOW ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**KNOXVILLE TN**

**KNOXVILLE TN**

Zip

Country

Zip

Country

**37932**

**USA**

**37932**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, DAVID S**  
**100 N. BISCAYNE BOULEVARD**  
**SUITE 1707**  
**MIAMI FL 33132**

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, 2001 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 **DPT** ☐ Delete  
 NAME **SCOTT, ARTHUR**  
 STREET ADDRESS **2363 SKYVIEW DRIVE**  
 CITY-ST-ZIP **MARYVILLE TN 37803**

TITLE **DPT** ☒ Change ☐ Addition  
 NAME **SCOTT, ARTHUR R.**  
 STREET ADDRESS **1019 JAMES MEADOW ROAD**  
 CITY-ST-ZIP **KNOXVILLE TN 37932**

TITLE **DVPS** ☐ Delete  
 NAME **ERICKSON, GRACE C**  
 STREET ADDRESS **2363 SKYVIEW DRIVE**  
 CITY-ST-ZIP **MARYVILLE TN 37803**

TITLE **DVPS** ☒ Change ☐ Addition  
 NAME **ERICKSON, GRACE C.**  
 STREET ADDRESS **1019 JAMES MEADOW ROAD**  
 CITY-ST-ZIP **KNOXVILLE, TN 37932**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Arthur R. Scott**  
**ARTHUR R. SCOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-01**

Date

**865-675-7331**

Daytime Phone #

CR2E034 (10/00)