

# 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 <b>745 S. CHURCH STREET MURFREESBORO TN 37130</b>	Mailing Address <b>745 S. CHURCH STREET MURFREESBORO TN 37130-4984</b>
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2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>301</b>	Suite, Apt. #, etc. <b>301</b>
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip <b>37130</b>	Country <b>USA</b>	Zip <b>37130</b>	Country <b>USA</b>
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4. FEI Number <b>62-1760995</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	Not Applicable <input type="checkbox"/>
	<b>\$8.75 Additional Fee Required</b>

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
State <b>FL</b>
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 \_\_\_\_\_ (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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>SWEENEY, PRESTON</b>	
STREET ADDRESS <b>745 S. CHURCH STREET Ste. 301</b>	
CITY-ST-ZIP <b>MURFREESBORO TN 37130</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SWEENEY, LORA</b>	
STREET ADDRESS <b>745 S. CHURCH STREET</b>	
CITY-ST-ZIP <b>MURFREESBORO TN 37130</b>	
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 <b>Secretary/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Timothy Kelley</b>	
STREET ADDRESS <b>745 S. Church St. Ste 301</b>	
CITY-ST-ZIP <b>MURFREESBORO TENN. 37130</b>	
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: *Preston Sweeney* **Preston Sweeney** **615-896-1191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)