## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # F9300004640 CMH PARKS, INC. 4-13-2001 90055 008 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 4098 5000 CLAYTON ROAD UUU36143 MARYVILLE TN 37802 MARYVILLE TN 37804 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 62-1362749 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition C □ Delete TITLE PD TITI E NAME CLAYTON, KEVIN T STREET ADDRESS STREET ADDRESS **5000 CLAYTON ROAD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37804 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KRUPACS, AMBER STREET ADDRESS STREET ADDRESS **5000 CLAYTON RD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37804 Change ☐ Addition TITLE Delete TITLE NAME NAME MORGAN, ALLEN STREET ADDRESS STREET ADDRESS **5000 CLAYTON RD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37804 Change ☐ Addition Delete TITLE TITLE S NAME NAME GREEN, KEITH STREET ADDRESS STREET ADDRESS **5000 CLAYTON RD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE\_TN 37804 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Green

414101

865-380-3000

Daytime Phone #