

2001 UNIFORM BUSINESS REPORT (UBR)

0133981 AT

DOCUMENT # F99000001497

1. Entity Name
PRIVATE BUSINESS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 20 AM 10:10

Principal Place of Business Mailing Address
PO BOX 1603 PO BOX 1603
9010 OVERLOOK BLVD. 9010 OVERLOOK BLVD.
BRENTWOOD TN 37027 BRENTWOOD TN 37027



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE 01

4. FEI Number 62-1453841 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 BRIAN COURTNEY, ASST. VP. (NOTE: Registered Agent signature required after reinstating)

11-19-01 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 CS
NAME KING, WILLIAM B
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004698437--6
-11/29/01--01051--013
****750.00 ☒ Change ☐ Addition

TITLE D
NAME THURMAN, GREG
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☒ Delete

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

TITLE D
NAME BLACK, TOM
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

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

TITLE P
NAME COVER, JERRY
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☒ Delete

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

TITLE V
NAME SIMS, PAUL
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☒ Delete

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

TITLE V
NAME GIDDENS, STEVE
STREET ADDRESS 910 OVERLOOK BLVD.
CITY-ST-ZIP BRENTWOOD TN 37027 ☒ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01 615-865-7343
Date Daytime Phone #

CR2E034 (5/01)