## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** H91132 : Entity Name NEBHART, INC. Principal Place of Business Mailing Address % F. I. NEBHART. JR. % F. I. NEBHART, JR. 5409 N. STANFORD DRIVE 5409 N. STANFORD DRIVE NASHVILLE TN 37215 NASHVILLE TN 37215

## **FILED** Jul 07, 2002 8:00 am Secretary of State 07-07-2002 90065 025 \*\*\*550.00



2. Principal F	Place of Busin	ess	3. Mailing Address				:		il Bibli Bibli Bibli	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te		City & State			4. 1	FEI Number <b>59-2611852</b>			pplied For ot Applicable
Zip	Country		Zip Cour		ntry	5. (	Certificate of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent						. t	Name and Address of New Re	gistere	d Agent	
					Name					
NEBHUT, F.I.,JR.					Street Address (P.O. Box Number is Not Acceptable)					
C/O GUNSTER, YOAKLEY					Sileet Address (F.O. Box Number is Not Acceptable)					
10 CENTRAL PARKWAY						·			*****	
STUART FL 33494					City			F	Zip Cod	le
8. The above SIGNATURE		submits this statement for				registered ag	ent, or both, in the State of Florid	da. DATE		
			<del></del> -	<u>.</u>			1			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW After May 1, 20 Make Check Payal					will be \$5!	50.00	10. Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be d to Fees
11.		OFFICERS AND	DIRECTORS	12.		. AD	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTORS	S IN 11
TITLE	PD		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	NEBHUT, I	F. I., JR.		NAM	E					
STREET ADDRESS	5409 N. S	tanford dr.		STRE	ET ADDRESS					
CITY-ST-ZIP	NASHVILLI	E TN		CITY	-ST-ZIP					J
TITLE	D		Delete	TITL					Change	☐ Addition
NAME	HART, H. (	rodes		NAM	E					
STREET ADDRESS		ave north		STRE	ET ADDRESS					
CITY-ST-ZIP	NASHVILLI	E TN		CITY	-ST-ZIP		<b>.</b>			
TITLE	. •		☐ Delete	·· TITLE			• .		Change	☐ Addition
NAME				NAM :						ļ
STREET ADDRESS					ET ADDRESS					1
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME				NAM.	E					1
STREET ADDRESS					ET ADDRESS					1
CITY-ST-ZIP				CHY	-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME				NAM	1					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
		<del></del>								
TITLE			Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAME	1					
CITY-ST-ZIP					ET ADDRESS ST-ZIP					
	artify that the	information supplied with	thin filling door ast such fill	the :::	OI-TI	al in Co. 12	10.07/0\/0.51-01-01-01-01	41		

indicated on this report or 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:

6-27-02

Daytime Phone #