

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014828
AF

DOCUMENT # **M95000000295**

1. Entity Name
WHITE BRIDGE EQUITY, L.L.C.

00 MAY -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
224 WHITE BRIDGE ROAD
NASHVILLE TN 37209

Mailing Address
224 WHITE BRIDGE ROAD
NASHVILLE TN 37209-3207



2. Principal Place of Business
95 White Bridge Rd.
Suite, Apt. #, etc.
Suite 212
City & State
Nashville, TN
Zip
37205 Country

3. Mailing Address
95 White Bridge Rd.
Suite, Apt. #, etc.
Suite 212
City & State
Nashville, TN
Zip
37205 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 **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 *[Handwritten Signature]* **OOOPS**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARFIELD, WILLIAM M 224 WHITE BRIDGE ROAD NASHVILLE TN 37209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOEL, LEE F 3017 POSTON AVENUE NASHVILLE TN 37203 <input type="checkbox"/> Delete OL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARFIELD, W. MILES 224 WHITE BRIDGE RD. NASHVILLE TN 37209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRABTREE, DAVID P 224 WHITE BRIDGE RD. NASHVILLE TN 37209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, H. RODES JR. 224 WHITE BRIDGE RD. NASHVILLE TN 37209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, NELSON C 224 WHITE BRIDGE RD. NASHVILLE TN 37209 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 White Bridge Rd, Ste 212 Nashville, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200003259892--0 05/13/00--0101--013 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 White Bridge Rd, Ste 212 Nashville, TN 37205
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)