2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # P37438** 1. Entity Name RCR BUILDING CORPORATION 04-17-2001 90140 026 ***150.00 Principal Place of Business Mailing Address 632 MELROSE PLACE 632 MELROSE PLACE NASHVILLE TN 37211 NASHVILLE TN 37211 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1256237 Not Applicable Country \$8.75 Additional Country 7in Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ⊲Name **DUNLAP, DAVISON F., JR., ATTORNEY** Street Address (P.O. Box Number is Not Acceptable) 300 EAST PARK P.O. BOX 13527 TALLAHASSEE FL 32301 Zip Code City 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) 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 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 OFFICERS AND DIRECTORS 12. 11. Addition **PCD** TITI F Change ☐ Delete RILEY, PATRICK J., JR. NAME STREET ADDRESS 134 W. BROOKFIELD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Addition ☐ Change Delete TITLE TITLE CAHN, PAUL R. NAME NAME STREET ADDRESS STREET ADDRESS 649 W. POLO DRIVE CITY-ST-ZIP CITY-ST-7IP **CLAYTON MO** ☐ Change ☐ Addition TITLE ☐ Delete TITLE RUSSELL, JOSEPH V. NAME NAME STREET ADDRESS 1218 CHICKERING ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete 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