

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004651

1. Entity Name  
1220 EXHIBITS, INC.

Principal Place of Business

7550 EXCHANGE DRIVE  
ORLANDO FL 32809  
US

Mailing Address

3801 VULCAN DRIVE  
NASHVILLE TN 37211  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-0876762

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE NAME	P BARBER, KEVIN A	<input type="checkbox"/> Delete
STREET ADDRESS	3801 VULCAN DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE NAME	VD CHERRY, JOHN R III	<input type="checkbox"/> Delete
STREET ADDRESS	1220 MCGAVOCK ST.	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE NAME	CEO CARDEN, GERALD T	<input type="checkbox"/> Delete
STREET ADDRESS	1220 MCGAVOCK ST.	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE NAME	S CLEMENT, ERMA	<input type="checkbox"/> Delete
STREET ADDRESS	1220 MCGAVOCK ST.	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE NAME	V CARDEN, MATTHEW T	<input type="checkbox"/> Delete
STREET ADDRESS	3801 VALCAN DR	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Gruber, John D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3801 Vulcan Drive	
CITY-ST-ZIP	Nashville, TN 37211	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3801 Vulcan Drive	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Kevin A. Barber*  
Kevin A. Barber, President

615/333-1220

Date

Daytime Phone #

0565672

CR2E034 (10/00)

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90003 039 \*\*\*150.00

7550 EXHIBITS



DO NOT WRITE IN THIS SPACE