

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90113 021 \*\*\*150.00

**DOCUMENT # 817619**

1. Entity Name  
**CRAWFORD HOMES, INC.**



Principal Place of Business

~~1629 WINCHESTER RD~~  
~~P.O. BOX 30185 AMF~~  
~~MEMPHIS TN 38130~~

Mailing Address

~~1629 WINCHESTER RD~~  
~~P.O. BOX 30185 AMF~~  
~~MEMPHIS TN 38130~~

00010000



2. Principal Place of Business

**8700 TRAIL LAKE DR. West**

3. Mailing Address

**8700 TRAIL LAKE DR. West**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

**Memphis, TN**

City & State

**Memphis, TN**

Zip

Country

**38125**

Zip

Country

**38125**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**72-0452269**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **WILSON, KEMMONS**  
STREET ADDRESS ~~1629 WINCHESTER~~  
CITY-ST-ZIP ~~MEMPHIS, TN 38130~~

TITLE **VSD** ☐ Delete  
NAME **WILSON, C KEMMONS JR**  
STREET ADDRESS ~~1629 WINCHESTER~~  
CITY-ST-ZIP ~~MEMPHIS, TN 38130~~

TITLE **VTD** ☐ Delete  
NAME **WILSON, ROBERT**  
STREET ADDRESS ~~1629 WINCHESTER~~  
CITY-ST-ZIP ~~MEMPHIS, TN 38130~~

TITLE **PD** ☐ Delete  
NAME **WILSON, SPENCE L**  
STREET ADDRESS ~~1629 WINCHESTER~~  
CITY-ST-ZIP ~~MEMPHIS, TN 38130~~

TITLE **AS** ☐ Delete  
NAME **WALLIN, SKIP**  
STREET ADDRESS ~~1629 WINCHESTER RD.~~  
CITY-ST-ZIP ~~MEMPHIS TN 38130~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VSD** ☒ Change ☐ Addition  
NAME **C. Kemmons Wilson Jr.**  
STREET ADDRESS **8700 TRAIL LAKE DR. West, Suite 300**  
CITY-ST-ZIP **Memphis, TN 38125**

TITLE **VTD** ☒ Change ☐ Addition  
NAME **Robert Wilson**  
STREET ADDRESS **8700 TRAIL LAKE DR. West Suite 300**  
CITY-ST-ZIP **Memphis, TN 38125**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Spence L. Wilson**  
STREET ADDRESS **8700 TRAIL LAKE DR. West Suite 300**  
CITY-ST-ZIP **Memphis, TN 38125**

TITLE **AS** ☒ Change ☐ Addition  
NAME **Skip Wallin**  
STREET ADDRESS **8700 TRAIL LAKE DR. West Suite 300**  
CITY-ST-ZIP **Memphis, TN 38125**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William Be #** 4/3/03 901-396-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

*Attachment*

# 817619

**CRAWFORD HOMES, INC**  
**8700 TRAIL LAKE DRIVE WEST, SUITE 300**  
**MEMPHIS, TENNESSEE 38125**

**FEID# 72-0452269**

**PRESIDENT**

SPENCE WILSON  
8700 TRAIL LAKE DRIVE WEST, SUITE 300  
MEMPHIS, TENNESSEE 38125

**VICE PRESIDENT/TREASURE**

BOB WILSON  
8700 TRAIL LAKE DRIVE WEST, SUITE 300  
MEMPHIS, TENNESSEE 38125

**VICE PRESIDENT/SECRETARY**

KEM WILSON  
8700 TRAIL LAKE DRIVE WEST, SUITE 300  
MEMPHIS, TENNESSEE 38125

**ASST. SECRETARY**

SKIP WALLIN  
8700 TRAIL LAKE DRIVE WEST, SUITE 300  
MEMPHIS, TENNESSEE 38125

**DIRECTORS:**

SPENCE WILSON  
BOB WILSON  
KEM WILSON  
8700 TRAIL LAKE DRIVE WEST, SUITE 300  
MEMPHIS, TENNESSEE 38125