

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857895

1. Entity Name

BARGE, WAGGONER, SUMNER AND CANNON, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90079 030 ***150.00

Principal Place of Business

Mailing Address

162 THIRD AVENUE NORTH
NASHVILLE TN 37201

162 THIRD AVENUE NORTH
NASHVILLE TN 37201-1803

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 65-0525827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, THOMAS A	
STREET ADDRESS	162 THIRD AVE NORTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOD, JACK L.	
STREET ADDRESS	162 THIRD AVENUE NORTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FULGHUM, HAROLD C.	
STREET ADDRESS	162 THIRD AVENUE NORTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRIBBS, D. LEE	
STREET ADDRESS	PLAZA TOWER, STE. 2400	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DAVIDSON, DAVID L	
STREET ADDRESS	162 THIRD AVENUE NORTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSE, GARLAND P	
STREET ADDRESS	162 THIRD AVENUE NORTH	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

THOMAS A. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

615-254-1500
Daytime Phone #

CR2E034 (9/99)