

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90215 017 ***150.00

0823189 AT

DOCUMENT # F00000000666

1. Entity Name

DEVELOPMENT OPTIONS, INC.

Principal Place of Business

**ONE PARK PLACE
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421-6511**

Mailing Address

**ONE PARK PLACE
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421-6511**

2. Principal Place of Business

2030 Hamilton Place Blvd.

Suite, Apt. #, etc.

Suite 500

City & State

Chattanooga, TN

Zip

37421-6000

Country

USA

3. Mailing Address

2030 Hamilton Place Blvd.

Suite, Apt. #, etc.

Suite 500

City & State

Chattanooga, TN

Zip

37421-6000

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1553523

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 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

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, 2002 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
 STREET ADDRESS
 CITY-ST-ZIP
**COBD
 LEBOVITZ, CHARLES B
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCOB
 FOY, JOHN N
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 LEBOVITZ, STEPHEN D
 800 SOUTH STREET, SUITE 395
 WALTHAM MA 02453** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP
 LANDRESS, BEN S
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 FULLAM, RONALD L
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVPC
 STEPHAS, GUS
 6148 LEE HIGHWAY, SUITE 300
 CHATTANOOGA TN 37421** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**2030 Hamilton Place Boulevard, Suite 500
 Chattanooga, TN 37421-6000** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**2030 Hamilton Place Boulevard, Suite 500
 Chattanooga, TN 37421-6000** ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
**2030 Hamilton Place Boulevard, Suite 500
 Chattanooga, TN 37421-6000** ☒ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gus Stephas
 Sr VP/Controller

4/26/02

423/855-0001

Date

Daytime Phone #

CR2E034 (9/01)