

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 06, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000005721****1. Entity Name****THE TROUSDALE FOUNDATION OF GADSDEN, INC.****Principal Place of Business**

2121 N. OCOEE ST., SUITE 105

CLEVELAND  
37311

TN

**Mailing Address**

2121 N. OCOEE ST., SUITE 105

CLEVELAND  
37311

TN

**2. Principal Place of Business**

485 CENTRAL AVENUE NE

**3. Mailing Address**

PO BOX 1209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

CLEVELAND

TN

**City & State**

CLEVELAND

TN

**4. FEI Number****62-1828079****Applied For**

Not Applicable

Zip  
327311Country  
USZip  
373641209Country  
US**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

33324

US

FL

**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 **KENNETH C HART, JR.****07/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUDDERTH DOUGLAS C	
STREET ADDRESS	2121 N. OCOEE ST., SUITE 105	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE	VPCD	<input type="checkbox"/> Delete
NAME	LEDBETTER STEVEN W	
STREET ADDRESS	2121 N. OCOEE ST., SUITE 105	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON THOMAS D	
STREET ADDRESS	2121 N. OCOEE ST., SUITE 105	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, JR KENNETH C	
STREET ADDRESS	485 CENTRAL AVENUE NE	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDERTH DOUGLAS C	
STREET ADDRESS	485 CENTRAL AVENUE NE	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE	VPCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDBETTER STEVEN W	
STREET ADDRESS	485 CENTRAL AVENUE NE	
CITY-ST-ZIP	CLEVELAND TN 37311	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON THOMAS D	
STREET ADDRESS	485 CENTRAL AVENUE NE	
CITY-ST-ZIP	CLEVELAND TN 37311	
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		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:****KENNETH C. HART, JR.****CFO****07/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)