

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90187 028 ***150.00

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DOCUMENT # F94000001267

1. Corporation Name

SHO LODGE, INC.

Principal Place of Business
130 MAPLE DRIVE NORTH
HENDERSONVILLE TN 37075

Mailing Address
130 MAPLE DRIVE NORTH
HENDERSONVILLE TN 37075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

62-1015641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCED ☐ DELETE
NAME MOORE, LEON
STREET ADDRESS 130 MAPLE DRIVE NORTH
CITY-ST-ZIP HENDERSONVILLE TN 37075

TITLE VD ☐ DELETE
NAME JOHNSON, RICHARD L
STREET ADDRESS 130 MAPLE DRIVE NORTH
CITY-ST-ZIP HENDERSONVILLE TN 37075

TITLE STD ☐ DELETE
NAME MARLOWE, BOB
STREET ADDRESS 130 MAPLE DRIVE NORTH
CITY-ST-ZIP HENDERSONVILLE TN 37075

TITLE V ☒ DELETE
NAME MARCOU, RONALD L
STREET ADDRESS 217 WEST MAIN ST.
CITY-ST-ZIP GALLATIN TN 37066

TITLE V ☐ DELETE
NAME BUTTOLPH, JOHN C
STREET ADDRESS 130 MAPLE DRIVE NORTH
CITY-ST-ZIP HENDERSONVILLE TN 37075

TITLE V ☐ DELETE
NAME PEYTON, TINA
STREET ADDRESS 130 MAPLE DRIVE NORTH
CITY-ST-ZIP HENDERSONVILLE TN 37075

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME BIRDWELL, STEVEN P.
1.3 STREET ADDRESS 130 MAPLE DRIVE NORTH
1.4 CITY-ST-ZIP HENDERSONVILLE, TN 37075

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob Marlowe, Treasurer 1-14-99 (615) 264-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)