

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001267

1. Entity Name

SHOLOGDE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 019 ***150.00

Principal Place of Business

Mailing Address

130 MAPLE DRIVE NORTH
HENDERSONVILLE TN 37075

130 MAPLE DRIVE NORTH
HENDERSONVILLE TN 37075-2585

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

62-1015641

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 SOUTH 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	PCED	<input type="checkbox"/> Delete
NAME	MOORE, LEON	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD L	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARLOWE, BOB	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BIRDWELL, STEVEN P	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUTTOLPH, JOHN C	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PEYTON, TINA	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROUT, JAMES	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, BENNETT M.	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUGARDI, MARTIN	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, MICHAEL S.	
STREET ADDRESS	130 MAPLE DRIVE NORTH	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADLER, EARL H.	
STREET ADDRESS	436 ENOS REED DRIVE	
CITY-ST-ZIP	NASHVILLE, TN 37210-4302	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKOVITZ, HELEN	
STREET ADDRESS	95 WHITE BRIDGE ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37205	

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:

Bob Marlowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-00

(615) 264-8000

Daytime Phone #

CR2E034 (9/99)