

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001267

1. Entity Name
SHO LODGE, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90048 027 ***150.00

C0010825



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 | Mailing Address 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 62-1015641 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

CT 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCED MOORE, LEON 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHNSON, RICHARD L 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARLOWE, BOB 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BIRDWELL, STEVEN P 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BUTTOLPH, JOHN C 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOSKOVITZ, HELEN 95 WHITE BRIDGE ROAD NASHVILLE TN 37205 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GROUT, JAMES M. 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GREENBERG, BENNETT M. 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FUGARDI, MARTIN 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANDERS, MICHAEL S. 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SADLER, EARL H. 436 ENOS REED DRIVE NASHVILLE, TN 37210-4302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: BOB MARLOWE *Bob Marlowe* 1-17-01 (615) 264-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)