FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am DOCUMENT # F95000000880 **Secretary of State** 1. Entity Name 02-01-2002 90040 031 ***150 00 FREEMAN WEBB COMPANY, REALTORS Principal Place of Business Mailing Address 545 MAINSTREAM DR., #101 545 MAINSTREAM DR., #101 NASHVILLE TN 37228 **NASHVILLE TN 37228** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1060236 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be *Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition WEBB, JAMES A III NAME NAME JAMES A. WEBB, III STREET ADDRESS 545 MAINSTREAM DR SUITE 101 STREET ADDRESS CITY-ST-ZIP **NASHVILLE TN 37228** CITY-ST-7IP TITLE TITLE ☐ Addition PUPLICATE NAME WEBB. JAMES A III NAME STREET ADDRESS 545 MAINSTREAM DRIVE SUITE 101 STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37228 CITY-ST-ZIP ☐ Addition CD ☐ Delete TITLE Change NAME FREEMAN, WILLIAM H NAME STREET ADDRESS 545 MAINSTREAM DRIVE SUITE 101 STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37228 CITY-ST-7IF SVP ☐ Delete TIT! F Change ☐ Addition NAME FORD, DANIEL P SR NAME STREET ADDRESS 545 MAINSTREAM DRIVE SUITE 101 STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37228 CITY-\$T-ZIP TITLE **EVPS** ☐ Delete TITLE Change Addition NAME BURNS, KENT A NAME STREET ADDRESS 545 MAINSTREAM DRIVE SUITE 101 STREET ADDRESS CITY-ST-ZIP **NASHVILLE TN 37228** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF

KenTA. BURNS