

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000406

1. Entity Name

OPRYLAND HOSPITALITY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90005 003 ***150.00

Principal Place of Business

Mailing Address

C/O SHERRARD & ROE, PLC
424 CHURCH STREET.. STE. 2000
NASHVILLE TN 37219

C/O SHERRARD & ROE, PLC
424 CHURCH STREET.. STE. 2000
NASHVILLE TN 37219-3304

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 **62-1586924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	C	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, EDWARD L	
STREET ADDRESS	9000 N BROADWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, JOE	
STREET ADDRESS	2802 OPRYLAND DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATERS, RAY	
STREET ADDRESS	2800 OPRYLAND DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORITZ, MANFRED	
STREET ADDRESS	2802 OPRYLAND DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	T President	<input type="checkbox"/> Delete
NAME	LONDON, TERRY E	
STREET ADDRESS	ONE GAYLORD DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	Secy	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Sherrard	
STREET ADDRESS	424 Church Street, Suite 2000	
CITY-ST-ZIP	Nashville, TN 37219	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Thomas J. Sherrard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

615-742-4200

Daytime Phone #

CR2E034 (9/99)