2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # F9800 RGER CORPORATION	00001868			Secretary 02-21-2002 9017	y of St	ate
2401 PGA BL	ce of Business VD SUITE 172 I GARDENS FL 33410	Mailing Address 2401 PGA BLVD., SUITE 172 PALM BEACH GARDENS FL 33410					
•							
	Place of Business	3. Mailing Address 305 Hartmann Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State		4. 1	FEI Number 62-1733402 Applied For		
Lebanon, TN Zip Country 37087 Wilson		Lebanon, TN	Country		Certificate of Status Desired Sa.75 Additional Fee Required		
3/06/	6. Name and Address of Current	37087	Wilson	7 1	Name and Address of New Register	<u>.</u>	
	o. Name and Address of Carteri	negiatered Agent	Name	7. 1	value and Address of New Register	eu Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			City	City FL Zip Code			
SIGNATURE .	named entity submits this statement for signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible	and title if applicable. (NOTE:	registered office o	ture required when re		NE O	
•	requirement and elects to do so. ria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust Fund Contribution.		May Be i to Fees
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON,JR, THOMAS J 2401 PGA BLVD SUITE 172 PALM BEACH GARDENS FL 334	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i		☐ Change	Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOODHOUSE, MICHAEL A 305 HARTMANN DR LEBANON TN 37087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D		▼ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKSTOCK, JAMES F 305 HARTMANN DR. LEBANON TN 37088-0787	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D		K Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZYLSTRA, MICHAEL J 305 HARMANN DR. LEBANON TN 37088-0787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	I	tmann Drive	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	penanon	, Tn 37087	☐ Change	☐ Addition
 13. Thereby of indicated 	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that m	the exemption sta y signature shall h	ted in Section in ave the same I	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha	certify that the ir at I am an officer	ntormation 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:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER ORDINECTOR.

Date

Da