

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000484

1. Entity Name

DAVIDSON & GOLDEN, P.C.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90043 020 ***150.00

715531



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SIX CADILLAC DRIVE, SUITE 410
BRENTWOOD TN 37027

SIX CADILLAC DRIVE, SUITE 410
BRENTWOOD TN 37027-5080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1397304

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PLATZER, WILLIAM N
300 SOUTH PINE ISLAND ROAD, SUITE 110
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	PC	<input type="checkbox"/> Delete
NAME	DAVIDSON, ROBERT A	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 410	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOLDEN, GREGORY W	
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 410	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	Lundy, Jr., James C.	
STREET ADDRESS	Six Cadillac Drive, Ste. 410	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	V	<input type="checkbox"/> Delete
NAME	Vella, Daniel J.	
STREET ADDRESS	Six Cadillac Drive, Ste. 410	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	V	<input type="checkbox"/> Delete
NAME	Forehand, Whitley B.	
STREET ADDRESS	Six Cadillac Drive, Ste. 410	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	V	<input type="checkbox"/> Delete
NAME	Alford, P. Gregory	
STREET ADDRESS	Six Cadillac Drive, Ste. 410	
CITY-ST-ZIP	Brentwood, TN 37027	

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hinton, Bryan T.	
STREET ADDRESS	Six Cadillac Drive, Ste. 410	
CITY-ST-ZIP	Brentwood, TN 37027	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)