

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001225

1. Entity Name

WILDHORSE SALOON ENTERTAINMENT VENTURES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90135 006 ***150.00

Principal Place of Business

Mailing Address

ATTN: ~~RICHARD ROY~~ PAUL KRAFT
120 SECOND AVE. NORTH
NASHVILLE TN 37201

ATTN: ~~RICHARD ROY~~ PAUL KRAFT
120 SECOND AVE. NORTH
NASHVILLE TN 37201-1902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1706672

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	D	<input type="checkbox"/> Delete
NAME	LONDON, TERRY E	
STREET ADDRESS	ONE GAYLORD DR.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CRACE, JOSEPH B	
STREET ADDRESS	ONE GAYLORD DR.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURNS, TERRY	
STREET ADDRESS	120 SECOND AVE. NORTH	
CITY-ST-ZIP	NASHVILLE TN 37210	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERRARD, THOMAS J	
STREET ADDRESS	424 CHURCH ST., STE. 2000	
CITY-ST-ZIP	NASHVILLE TN 37219	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOPPER, MICHEL C	
STREET ADDRESS	ONE GAYLORD DR.	
CITY-ST-ZIP	NASHVILLE TN 37219	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROY, RICHARD	
STREET ADDRESS	120 SECOND AVE. NORTH	
CITY-ST-ZIP	NASHVILLE TN 37210	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Carl Kornmeyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Gaylord Drive	
STREET ADDRESS	Nashville, TN 37214	
CITY-ST-ZIP		
TITLE	Steve Buchanan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Gaylord Drive	
STREET ADDRESS	Nashville, TN 37214	
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		
TITLE	Paul Kraft	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	120 Second Ave. North	
STREET ADDRESS	Nashville, TN 37210	
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)