

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58910

1. Entity Name

VENDELL OF BAY COUNTY, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90053 049 \*\*\*150.00

Principal Place of Business 3401 WEST END AVE #500 NASHVILLE TN 37203 US	Mailing Address 3401 WEST END AVE SUITE 500 NASHVILLE TN 37203-6865 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 400</i>	3. Mailing Address Suite, Apt. #, etc. <i>Suite 400</i>
City & State	City & State
Zip <i>37203</i>	Country
Zip <i>37203-6847</i>	Country

4. FEI Number <b>59-2810347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, H N</b> <b>3401 W END STE 500</b> <b>NASHVILLE TN 37203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>CAMPBELL, H N</b> <b>3401 W. END AVE., STE. 500</b> <b>NASHVILLE TN 37203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EDMUNDS, JOHN C</b> <b>3401 WEST END AVENUE, STE. 500</b> <b>NASHVILLE TN 37203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STE 400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STE 400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STE 400</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John C. Edmunds* DATE: 1/10/00 DAYTIME PHONE #: 615-725-0000

CFR2E034 (9/99)