## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## H74059 DOCUMENT #



**FILED** 

Mar 17, 2003 8:00 am & Secretary of State 1. Entity Name 03-17-2003 90146 048 \*\*\*150.00 WILDWOOD ACRES DEVELOPMENT, INC. Principal Place of Business Mailing Address 2002 RICHARD JONES ROAD 2002 RICHARD JONES ROAD SUITE A 200 SUITE A 200 NASHVILLE TN 37215 NASHVILLE TN 37215 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 62-1281871 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARDNER, STEVE Street Address (P.O. Box Number is Not Acceptable) **BUSH ROSS ATTORNEYS** 220 FRANKLIN STREET **TAMPA FL 33602** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE & FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ANDREWS, NELSON NAME NAME 2002 RICHARD JONES RD STE A200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Nashville TN 37215 TITLE D Delete TITLE ☐ Change ☐ Addition NAME ANDREWS, SUE NAME STREET ADDRESS 2002 RICHARD JONES RD STE A200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37215 TITLE D Delete TITLE ☐ Change Addition NAME ANDREWS, SUE NAME STREET ADDRESS 2002 RICHARD JONES RD STE A200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37215 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #