

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J40471**

1. Corporation Name  
**CEDARS BTW PROGRAM, INC.**

Principal Place of Business

**ONE PARK PLAZA  
P.O. BOX 740035  
NASHVILLE TN 37203  
US**

Mailing Address

**PO BOX 750  
P.O. BOX 570  
NASHVILLE FL 37202  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature to be placed where indicated.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME **DVPS**

STREET ADDRESS **FRANCK, JOHN M II**

CITY-ST-ZIP **ONE PARK PLAZA**

**NASHVILLE TN**

TITLE [ ] DELETE

NAME **JOHNSON, R.M.**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN**

TITLE **DV** [X] DELETE

NAME **ELTON, ROSALYN**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN 32703**

TITLE **AS** [ ] DELETE

NAME **BLACKWOOD, DORA A**

STREET ADDRESS **ONE PARK PLAZA**

CITY-ST-ZIP **NASHVILLE TN**

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE [X] Change [ ] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [ ] Change [X] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [ ] Change [X] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [ ] Change [X] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**DVP**  
**AS**  
**David L. Denson**  
**900002820789-3**  
**-03/26/99-01124-005**  
**\*\*\*\*150.00**  
**\*\*\*\*150.00**  
**DVP**  
**A. Bruce Moore**  
**One Park Plaza**  
**Nashville, TN**  
**UP**  
**Ronald Lee Grubbs**  
**One Park Plaza**  
**Nashville, TN**

FILED  
APR 18 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/29/1986**

4. FEI Number  
**59-2741293**

5. Certificate of Status Desired [ ] **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **\$5.00** May Be Added to Fees

8. This corporation owns the current year Intangible Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

0523182

CR2E034 (11/98)