

# 2004 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

1 of 2

99999999  
SP

DOCUMENT # L00000012654

1. Entity Name  
INGRAM-FSN, LLC

01 APR 26 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3030 NORTH ROCKY PINT DR. WEST. STE. 750  
TAMPA FL 33607

Mailing Address  
3030 NORTH ROCKY PINT DR. WEST. STE. 750  
TAMPA FL 33607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME *see attached* ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-13-01 615/778-4501

CR2E083 (11/00)

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James Fitzsimmons  
President  
Ingram & Associates, Inc.  
1720 General George Patton Drive  
Suite 110  
Brentwood, TN 37027

Brenton Teveit  
Group President  
Ingram & Associates, Inc.  
1720 General George Patton Drive  
Suite 110  
Brentwood, TN 37027

Lee Lawrence  
President  
VHA Southeast, Inc.  
3030 N Rocky Point Drive West  
Suite 750  
Tampa, FL 33607

J. Robert Grady  
Vice President  
VHA Southeast, Inc.  
3030 N Rocky Point Drive West  
Suite 750  
Tampa, FL 33607