

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90086 002 ****50.00

DOCUMENT # L00000012654

1. Entity Name

INGRAM-FSN, LLC



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**

957049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1720 General George Patton

Suite, Apt. #, etc.

P.O. Box 290303

City & State

Brentwood, TN

City & State

Nashville, TN

Zip

37064

Country

USA

Zip

37229

Country

USA

4. FEI Number

59-3704356

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, JAMES	
STREET ADDRESS	1720 GENERAL GEORGE PATTON DR., STE. 110	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	GP	<input type="checkbox"/> Delete
NAME	TEVEIT, BRENTON	
STREET ADDRESS	1720 GENERAL GEORGE PATTON DR., STE. 110	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE, LEE	
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST, STE. 750	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRADY, J. ROBERT	
STREET ADDRESS	3030 N. ROCKY POINT DR. WEST, STE. 750	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Burt A. Nowers	
STREET ADDRESS	1720 Gen George Patton	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/01)

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:

Burt A. Nowers, CEO 4/24/02

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

Date

Daytime Phone #