

2001 UNIFORM BUSINESS REPORT (UBR)

0028899 AF

DOCUMENT # M00000001925

1. Entity Name
AMSOUTH ERECTORS, LLC

FILED

01 FEB 23 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 PEABODY PLACE, STE 1000
MEMPHIS TN 38103

Mailing Address

100 PEABODY PLACE, STE 1000
MEMPHIS TN 38103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1783161

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

000003782720--1
-02/27/01--01081--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS William Clift Sammons
CITY-ST-ZIP 510 Old Hickory Blvd., #318
Nashville, TN 37209

TITLE Chief Manager ☒ Change ☐ Addition
NAME
STREET ADDRESS 1226 Eldor Rd., #11201
CITY-ST-ZIP Germantown, TN 38138

TITLE NAME ☐ Delete
STREET ADDRESS Larry A. Peterson
CITY-ST-ZIP 1310 Spears Road
Houston, TX 77067

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

TITLE NAME ☐ Delete
STREET ADDRESS Charles Beckner
CITY-ST-ZIP 1310 Spears Road
Houston, TX 77067

TITLE Vice Manager ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS Bob A. Beckner
CITY-ST-ZIP 808 South College St., #111
McKinney, TX 75069

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

William Clift Sammons CHIEF MANAGER

1-20-01 901-818-3222

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

Date

Daytime Phone #

CR2E083 (11/00)