

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02307

1. Entity Name

DADE LEASE MANAGEMENT, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90054 001 ***300.00

Principal Place of Business

Mailing Address

427 BEECH STREET
SCOTTSVILLE KY 42164

427 BEECH STREET
SCOTTSVILLE KY 42164-1670

2. Principal Place of Business

100 Mission Ridge
Suite, Apt. #, etc.

3. Mailing Address

100 Mission Ridge
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Goodlettsville, TN

City & State

Goodlettsville, TN 37072

4. FEI Number

36-3299691

Applied For

Not Applicable

Zip

37072

Country

USA

Zip

37072

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TURNER, CAL JR**
STREET ADDRESS **104 WOODMONT BLVD**
CITY-ST-ZIP **NASHVILLE TN 37210**

TITLE **S** ☐ Delete
NAME **CARPENTER, BOB**
STREET ADDRESS **104 WOODMONT BLVD**
CITY-ST-ZIP **NASHVILLE TN 37210**

TITLE **CFO** ☒ Delete
NAME **RICHARDS, PHIL**
STREET ADDRESS **104 WOODMONT BLVD**
CITY-ST-ZIP **NASHVILLE TN 37210**

TITLE **C** ☐ Delete
NAME **SANDERSON, RANDY**
STREET ADDRESS **427 BEECH ST**
CITY-ST-ZIP **SCOTTSVILLE KY 42164**

TITLE **D** ☐ Delete
NAME **PORTER, MIKE**
STREET ADDRESS **427 BEECH STREET**
CITY-ST-ZIP **SCOTTSVILLE KY 42164**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **Turner, Cal Jr.**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

TITLE **President** ☒ Change ☐ Addition
NAME **Carpenter, Bob**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

TITLE **CFO** ☒ Change ☒ Addition
NAME **Burr, Brian**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

TITLE **Controller** ☒ Change ☐ Addition
NAME **Sanderson, Randy**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

TITLE **Director of Tax** ☒ Change ☐ Addition
NAME **Porter, Mike**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Smith, Wade**
STREET ADDRESS **100 Mission Ridge**
CITY-ST-ZIP **Goodlettsville, TN 37072**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

615-855-4790

Daytime Phone #

CR2E034 (01/99)