

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02307

1. Entity Name

DADE LEASE MANAGEMENT, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91295 001 *1,100.00

Principal Place of Business

Mailing Address

100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3299691**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME CEO
 STREET ADDRESS TURNER, CAL JR
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS CARPENTER, BOB
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

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

TITLE ☒ Delete
 NAME CFO
 STREET ADDRESS BURR, BRIAN
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

TITLE ☒ Change ☐ Addition
 NAME CFO
 STREET ADDRESS James Hagan
 CITY-ST-ZIP 100 Mission Ridge
 Goodlettsville, TN 37072

TITLE ☐ Delete
 NAME C
 STREET ADDRESS SANDERSON, RANDY
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

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

TITLE ☐ Delete
 NAME DOF
 STREET ADDRESS PORTER, MIKE
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS SMITH, WADE
 CITY-ST-ZIP 100 MISSION RIDGE
 GOODLETTSVILLE TN 37072

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

615/855-4781

CR2E034 (10/00)