

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P11831

1. Entity Name
FOGELMAN PROPERTIES, INC.



APPROVED
AND
FILED

03 SEP 10 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5400 POPLAR AVENUE
MEMPHIS TN 38119

Mailing Address
5400 POPLAR AVENUE
MEMPHIS TN 38119

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 62-1248661

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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)

600022932846

09/10/03--01070--003 **550.00

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FOGELMAN, AVRON B.
STREET ADDRESS 5400 POPLAR AVENUE
CITY-ST-ZIP MEMPHIS TN

TITLE S ☐ Delete
NAME JACKSON, KEVIN Q
STREET ADDRESS 5400 POPLAR AVE
CITY-ST-ZIP MEMPHIS TN

TITLE EVP ☐ Delete
NAME RANDLES, JOHN A. III
STREET ADDRESS 5400 POPLAR AVENUE
CITY-ST-ZIP MEMPHIS TN

TITLE P ☐ Delete
NAME FOGELMAN, RICHARD L
STREET ADDRESS 5400 POPLAR AVE
CITY-ST-ZIP MEMPHIS TN

TITLE VP ☐ Delete
NAME BAKER, STANLEY F
STREET ADDRESS 6791 NESHABA
CITY-ST-ZIP MEMPHIS TN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Randles III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/03

CR2E034 (4/03)