

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12618

1. Entity Name
BOYLE INVESTMENT COMPANY

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90072 035 ***150.00

Principal Place of Business
5900 POPLAR STREET AVE. Suite 100
MEMPHIS TN 38119

Mailing Address
5900 POPLAR STREET AVE. Suite 100
MEMPHIS TN 38119

2. Principal Place of Business
5900 Poplar Ave.

3. Mailing Address
5900 Poplar Ave.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Memphis TN

City & State
Memphis TN

Zip
38119

Country
USA

Zip
38119

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-0136740**

Applied For
☐ Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	MORGAN, HENRY W.	5900 POPLAR STREET	MEMPHIS TN	
	S			
	LOFTON, ROBERT J.	5900 POPLAR STREET	MEMPHIS TN	
	T			
	CLAIBORNE, CHARLES	5900 POPLAR STREET	MEMPHIS TN	
	D			
	BOYLE, H.J.	5900 POPLAR STREET	MEMPHIS TN	
	D			
	BLOODWORTH, R. E. JR.	5900 POPLAR STREET	MEMPHIS TN	
	CD			
	BOYLE, JR J	5900 POPLAR	MEMPHIS TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Treas

2/7/01

Date

1-901-767-0100

Daytime Phone #

CR2E034 (10/00)