

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90050 023 ***150.00

DOCUMENT # P20070

1. Entity Name

DAVIS STOKES CHILTON COLLABORATIVE, P.C.

Principal Place of Business

**2244 METRO CENTER BLVD.
 SUITE 208
 NASHVILLE TN 37228**

Mailing Address

**2244 METRO CENTER BLVD.
 SUITE 208
 NASHVILLE TN 37228**

2. Principal Place of Business

7121 Crossroads Blvd.

3. Mailing Address

7121 Crossroads Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brentwood, TN

City & State
Brentwood, TN

4. FEI Number **62-1247874**

Applied For

Not Applicable

Zip
37027

Country **USA**

Zip **37027**

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 RD
 SUITE 208
 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, 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **STOKES, WILLIE**
 CITY-ST-ZIP **5800 GREENBRIAR ROAD
 FRANKLIN TN**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **DAVIS, JOHN W.**
 CITY-ST-ZIP **211 WILDCREEK ROAD
 SHELBYVILLE TN**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
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 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

Willie O. Stokes

Date

1/31/01

Daytime Phone #

(45) 726-0010

CR2E034 (10/00)