

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23914

1. Entity Name

THE POTOMAC GROUP, INC.

Principal Place of Business

Mailing Address

1283 MUEFREESBORO RD
NASHVILLE TN 37217
US

P O BOX 290037
NASHVILLE TN 37229-0037
US

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 62-1249087

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFOV ☐ Delete
NAME BACON, DAVID F JR
STREET ADDRESS 101 GROVE LANE
CITY-ST-ZIP FRANKLIN TN 37064

TITLE ☒ Change ☐ Addition
NAME 2255 Scott Drive
STREET ADDRESS Franklin, TN 37067
CITY-ST-ZIP

TITLE CEOP ☐ Delete
NAME SMITH, MARK H
STREET ADDRESS 694 HUFFINE MANOR CIR
CITY-ST-ZIP FRANKLIN TN 37064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Franklin, TN
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURCH, JOHN SR
STREET ADDRESS 500 INTERNATIONAL DR
CITY-ST-ZIP NASHVILLE TN 37217

TITLE ☒ Change ☐ Addition
NAME 614 Westview Drive
STREET ADDRESS Nashville, TN 37205
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOWARD, SAMUEL H
STREET ADDRESS 3401 W END AVE., STE 470
CITY-ST-ZIP NASHVILLE TN 37205

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

TITLE D ☐ Delete
NAME ELEAZAR, PAULA
STREET ADDRESS 20 BYRTAN H BLVD., STE 100
CITY-ST-ZIP NASHVILLE TN 37215

TITLE ☒ Change ☐ Addition
NAME 558 John's Pass Avenue
STREET ADDRESS Madeira Beach, FL 33708
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROLFE, ROBERT
STREET ADDRESS 330 COMMERCE ST
CITY-ST-ZIP NASHVILLE TN 37201

TITLE ☒ Change ☐ Addition
NAME c/o J.C. Bradford Company
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 #

CR2E034 (9/99)