

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P28696**1. Entity Name
UNITED SHOWS OF AMERICA, INC.Principal Place of Business
900 EXPO DRIVE
SMYRNA TN 37167
Mailing Address
PO BOX 9-900 EXPO DRIVE
SMYRNA TN 371672. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
PO BOX 9
Suite, Apt. #, etc.
900 EXPO DRIVE
City & State
SMYRNA TN
Zip Country
37167

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1401881
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent
KOEPE NANCY M
1256 LAKE WILLISARA CIR
ORLANDO FL 32806 US
7. Name and Address of New Registered Agent
Name
KOEPE NANCY M
Street Address (P.O. Box Number is Not Acceptable)
1256 LAKE WILLISARA CIR
City
ORLANDO FL Zip Code
32806

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 **NANCY M. KOEPKE****04/30/2001**

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 State10. 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	VD		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREGORY DANIEL A			NAME	GREGORY DANIEL A		
STREET ADDRESS	111 WEST 9TH ST.			STREET ADDRESS	1199 MAIN AVENUE, SUITE 213		
CITY-ST-ZIP	DURANGO CO 81302			CITY-ST-ZIP	DURANGO CO 81301		
TITLE	VD		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREGORY FAITH ANN			NAME	GREGORY-GENTRY FAITH A		
STREET ADDRESS	1302 S OAK DR			STREET ADDRESS	6022 TURNING LEAF DRIVE		
CITY-ST-ZIP	NASHVILLE TN 37211			CITY-ST-ZIP	SMYRNA TN 37167		
TITLE	PD		<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREGORY, DONALD L.			NAME	GREGORY DONALD L		
STREET ADDRESS	526 FRANKLIN RD			STREET ADDRESS	526 FRANKLIN RD		
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP	BRENTWOOD TN 37027		
TITLE	VP		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREGORY JACKIE M			NAME	GREGORY JACKIE M		
STREET ADDRESS	526 FRANKLIN RD			STREET ADDRESS	526 FRANKLIN RD		
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP	BRENTWOOD TN 37027		
TITLE	VD		<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBUISSON LUCIE E			NAME	DUBUISSON LUCIE E		
STREET ADDRESS	4006 ARMST WAY			STREET ADDRESS	4006 ARNST WAY		
CITY-ST-ZIP	SPRING HILL TN 37174			CITY-ST-ZIP	SPRING HILL TN 37174		
TITLE	VP		<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN JAMES E			NAME	BROWN JAMES E		
STREET ADDRESS	7000 CLOVERLAND DR			STREET ADDRESS	5930 CLOVERLAND DR		
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP	BRENTWOOD TN 37027		

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: **Lucie E. Dubuisson**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

RICK D. GENTRY, V.P. & DIRECTOR
6022 TURNING LEAF DRIVE

SMYRNA, TN 37167

WILLIAM P. ALDERSON, V.P. & DIRECTOR
1211 CHOCTAW TRAIL

BRENTWOOD, TN 37027

JODI G. ALDERSON, V.P. & DIRECTOR
1211 CHOCTAW TRAIL

BRENTWOOD, TN 37027

VONNA JO GREGORY, CO-CHAIRMAN & DIRECTOR
522 FRANKLIN ROAD

BRENTWOOD, TN 37027

E. A. GREGORY, CHAIRMAN & DIRECTOR
522 FRANKLIN ROAD

BRENTWOOD, TN 37027