

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90072 018 \*\*\*167.50

**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 37167**

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

**62-1401881**

Applied For

Not Applicable

5. Certificate of Status Desired **2** ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOEPKE, NANCY M  
1256 LAKE WILLISARA CIR  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

**William B. Phares**

Street Address (P.O. Box Number is Not Acceptable)

**1489 So. Brocksmith**

City

**Ft. Pierce**

FL

Zip Code

**34945**

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.

**William B. Phares**

SIGNATURE *William B. Phares*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/20/02**

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, 2002 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	VD	<input type="checkbox"/> Delete
NAME	<b>BROWN, JAMES E</b>	
STREET ADDRESS	<b>5930 CLOVERLAND DR</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>DUBUISSON, LUCIE E</b>	
STREET ADDRESS	<b>4006 ARNST WAY</b>	
CITY-ST-ZIP	<b>SPRING HILL TN 37174</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>GREGORY, JACKIE M</b>	
STREET ADDRESS	<b>526 FRANKLIN RD</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GREGORY, DONALD L</b>	
STREET ADDRESS	<b>526 FRANKLIN RD</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>GREGORY-GENTRY, FAITH A</b>	
STREET ADDRESS	<b>6022 TURNING LEAF DRIVE</b>	
CITY-ST-ZIP	<b>SMYRNA TN 37167</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>GREGORY, DANIEL A</b>	
STREET ADDRESS	<b>1199 MAIN AVENUE, SUITE 213</b>	
CITY-ST-ZIP	<b>DURANGO CO 81301</b>	

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)(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* **LUCIE E. DUBUISSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02**

Date

**615-462-3000**

Daytime Phone #

CR2E034 (9/01)