

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90215 018 ***150.00

0823171 AT

DOCUMENT # P92000009875

1. Entity Name
THE AVENUES, INC.

Principal Place of Business
**6148 LEE HWY
 ONE PARK PLACE- STE 300
 CHATTANOOGA TN 37421-6511
 US**

Mailing Address
**6148 LEE HWY
 ONE PARK PLACE- STE 300
 CHATTANOOGA TN 37421-6511
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2030 Hamilton Place Blvd.

3. Mailing Address
2030 Hamilton Place Blvd.

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Chattanooga, TN

City & State
Chattanooga, TN

4. FEI Number
62-1516081

Applied For
 Not Applicable

Zip
37421-6000

Country
USA

Zip
37421-6000

Country
USA

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VP GIMPLE, RONALD S 6148 LEE HWY, STE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP LANDRESS, BEN S. 6148 LEE HIGHWAY SUITE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SNYDER, ERIC P. 6148 LEE HIGHWAY SUITE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNETTE, KENNY F. 6148 LEE HIGHWAY SUITE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FULLAM, RONALD L 6148 LEE HIGHWAY SUITE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC STEPHAS, GUS 6148 LEE HIGHWAY SUITE 300/ONE PARK PLACE CHATTANOOGA TN 37421-6511 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP 2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2030 Hamilton Place Boulevard, Suite 500 Chattanooga, TN 37421-6000 <input checked="" 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:

SIGNATURE REQUIRED
 Gus Stephas
 Sr VP/Controller

4/26/02

423/855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)