## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000050382

1. Entity Name

Jul 26, 2000 8:00 am Secretary of State FOW FLORIDA, INC. 07-26-2000 90006 047 \*\*\*550.00 Principal Place of Business Mailing Address 5401 W OAKRIDGE ROAD 5401 W OAKRIDGE ROAD ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 62-1535885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Ē Change Addition ☐ Delete TITLE TITLE NAME BELZ, MARTIN S. NAME STREET ADDRESS 100 PEABODY PLACE, STE. 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MEMPHIS TN 38103 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME PHELPS, SPENCER S NAME STREET ADDRESS STREET ADDRESS 25 BAYRIDGE COURT CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Change ☐ Addition STD ☐ Delete TITLE WILLIAMS, JIMMIE D. NAME STREET ADDRESS STREET ADDRESS 100 PEABODY PLACE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38103 Change ☐ Addition TITLE ☐ Delete TITLE NAME GROVEMAN, ANDREW J. NAME STREET ADDRESS STREET ADDRESS 100 PEABODY PLACE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38103 Change ☐ Addition ☐ Delete TITLE TITLE NAME BELZ, RONALD A. NAME STREET ADDRESS STREET ADDRESS 100 PEABODY PLACE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38103 ☐ Addition TITLE Change ☐ Delete

13. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED