

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041144

1. Entity Name

HOWARTH, KEYS, MANLEY & ASSOCIATES, INC.

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90351 048 \*\*\*150.00

C0025103



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5409 MARYLAND WAY  
STE 310  
BRENTWOOD TN 37027  
US

5409 MARYLAND WAY  
STE 310  
BRENTWOOD TN 37027  
US

2. Principal Place of Business

137 THIRD AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Address

137 THIRD AVENUE NORTH

Suite, Apt. #, etc.

City & State

FRANKLIN TN

City & State

FRANKLIN TN

4. FEI Number

59-3448921

Applied For

Not Applicable

Zip

37064

Country

US

Zip

37064

Country

US

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

GROSE, DOUGLAS L  
112 S. ARMENIA AVE.  
TAMPA FL 33609-3308

Name

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

2102 WEST CLEVELAND STREET

City

TAMPA

FL

Zip

33606

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, 2001 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARTH, CHARLES	NAME	
STREET ADDRESS	1572 WOODBURY CT	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, GEORGE	NAME	
STREET ADDRESS	344 DANDRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37067	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANLEY, CLAY	NAME	
STREET ADDRESS	1662 PRESTON PL	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 (10/00)