

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90175 012 \*\*\*150.00

**DOCUMENT # P99000066386**

1. Entity Name

NASHVILLE INTERNATIONAL GP, INC.



Principal Place of Business

300 SE 2ND ST  
FORT LAUDERDALE FL 33301

Mailing Address

300 SE 2ND ST  
FORT LAUDERDALE FL 33301

13040000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0941810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA  
% STILES CORP.  
300 SE 2ND ST  
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME STILES, TERRY W  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VT ☐ Delete  
NAME EAGON, DOUGLAS P  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VS ☐ Delete  
NAME JONES, PATRICIA  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME PALMER, STEPHEN R  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME STINE, JAMES W  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME FERRERA, ROCCO  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME SHAGGY, DAVID A  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

Rocco Ferrera

Date

4/19/04

Daytime Phone #

954-627-9300

Attachment  
14020689  
#P99000066386  
UNIFORM BUSINESS REPORT

**11. CONTINUED**

**TITLE:** V

**NAME:** O'SHEA, DENNIS F.

**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.

**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301

  

**TITLE:** Assistant Secretary

**NAME:** FLOREK, DONNA

**STREET ADDRESS:** 300 SE 2<sup>nd</sup> St.

**CITY-ST-ZIP:** Ft. Lauderdale, FL 33301