

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90113 017 ***150.00

DOCUMENT # V30830

1. Entity Name
KWI OF SARASOTA, INC.



Principal Place of Business
2147-G PORTER LAKE DRIVE
SARASOTA FL 34240

Mailing Address
1629 WINCHESTER ROAD
MEMPHIS TN 38116



2. Principal Place of Business

3. Mailing Address

8700 TRAIL LAKE DR. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

memphis

Zip

Country

Zip

TN

Country

Shelby

4. FEI Number 62-1495839

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINGER, BILLY B
2147-G PORTER LAKE DRIVE
SARASOTA FL 34240

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, C. KEMMONS JR.	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BATT, BILL	
STREET ADDRESS	1629 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	CRENSHAW, CHIP	
STREET ADDRESS	1629 WINCHESTER RD.	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRINGER, BILLY B	
STREET ADDRESS	2147-G PORTER LAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spence Wilson	
STREET ADDRESS	8700 TRAIL LAKE DR. West suite 300	
CITY-ST-ZIP	mpho, TN 38125	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Wilson	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	memphis, TN 38125	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Kemmons Wilson JR.	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	memphis, TN 38125	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Batt	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	memphis, TN 38125	
TITLE	ATAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chip Crenshaw	
STREET ADDRESS	8700 TRAIL LAKE DR. West Suite 300	
CITY-ST-ZIP	memphis, TN 38125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Batt* 4/3/03 901-346-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)