

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

0904873 AT

04-04-2002 90017 045 ***150.00

DOCUMENT # P04808

1. Entity Name
CABOT LODGE, INC.

Principal Place of Business 1000 RED FERN PLACE P.O. BOX 16807 (39236) FLOWOOD MS 39208 US	Mailing Address PO BOX 16807 P.O. BOX 16807 (39236) JACKSON MS 39216 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 320009
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Flowood, ms	City & State Flowood, ms	4. FEI Number 65-0698251	Applied For <input type="checkbox"/> Not Applicable
Zip 39232	Country USA	Zip 39232	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**NORRIS, JOHN E.
 201 N. MARION STREET
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	JONES, EARLE F.	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STURDIVANT, GAINES P.	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STURDIVANT, MIKE P.	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	GLENDORA MS	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HART, MICHAEL J.	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Michael J. Hart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02
 Date

Daytime Phone #

CR2E034 (9/01)