

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90007 016 \*\*\*550.00

**DOCUMENT # P35848**

1. Entity Name

**EBONITE RECREATION CENTERS, INC.**

Principal Place of Business C/O EBONITE RECREATION CENTERS, INC. 322 E JAMES CAMPBELL BLVD COLUMBIA TN 38401 US	Mailing Address 322 E. JAMES CAMPBELL BLVD COLUMBIA TN 38401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0286989</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BENTLEY, MORGAN R ESQ**  
**C/O WILLIAMS PARKER HARRISON & GETZEN**  
**200 S. ORANGE AVENUE**  
**SARASOTA FL 34236**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 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**

TITLE D	<input type="checkbox"/> Delete
NAME TUTTLEMAN, STANLEY C.	
STREET ADDRESS 375 N HIGHLAND AVENUE	
CITY-ST-ZIP MERION STATION PA	
TITLE D	<input type="checkbox"/> Delete
NAME SCHEID, WILLIAM T.	
STREET ADDRESS 1329 SHALLOW LAKE CIRCLE	
CITY-ST-ZIP HOPKINSVILLE KY	
TITLE SD	<input type="checkbox"/> Delete
NAME TUTTLEMAN, STEVEN M.	
STREET ADDRESS 40 BEDFORD STREET	
CITY-ST-ZIP NEW YORK NY	
TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME MALLOY, THOMAS V., JR	
STREET ADDRESS 24 MARINA VILLAGE WAY	
CITY-ST-ZIP SALEM SC	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME MCCUTCHEON, LARRY C	
STREET ADDRESS 537 PINE CIRCLE	
CITY-ST-ZIP HOHENWALD TN 38462	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME MCDAVID, MELINDA A	
STREET ADDRESS 1265 JOSTIN DRIVE	
CITY-ST-ZIP CLARKSVILLE TN 37040	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEID, WILLIAM T.	
STREET ADDRESS 1329 SHALLOW LAKE CIRCLE	
CITY-ST-ZIP HOPKINSVILLE, KY. 42240	
TITLE T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TERRY L. WINDHORST	
STREET ADDRESS 1813 W. 7TH ST., P.O. BOX 746	
CITY-ST-ZIP HOPKINSVILLE, KY. 42241-0746	
TITLE S-ASSISTANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARL L. ROGERS	
STREET ADDRESS 1813 W. 7TH ST., P.O. BOX 746	
CITY-ST-ZIP HOPKINSVILLE, KY. 42241-0746	

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 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: \_\_\_\_\_  
**TERRY L. WINDHORST - TREASURER**

5-31-01 270-881-1202  
Date Daytime Phone #

CR2E034 (10/00)