

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90037 022 ***150.00

DOCUMENT # 272405

1. Entity Name

RED HILLS FURNITURE OF BRADFORDVILLE, INC.

Principal Place of Business

Mailing Address

545 MACLAY LANE
 P O BOX 12457, ZIP 32317
 TALLAHASSEE FL 32312
 US

545 MACLAY RD
 545 MACLAY LANE
 TALLAHASSEE, FL 32312-3912
 US

00020279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1009070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLUESENKAMP, GORDON J., JR.
545 MACLAY LANE
TALLAHASSEE FL 32312

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

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, 2000 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	VDS	<input type="checkbox"/> Delete
NAME	GLUESENKAMP, JOSEPHINE	
STREET ADDRESS	545 MACLAY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	GLUESENKAMP, G J, JR	
STREET ADDRESS	545 MACLAY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLUESENKAMP, GORDON J. III	
STREET ADDRESS	545 MACLAY LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLUESENKAMP, BENJAMIN D	
STREET ADDRESS	2050 CANTRELL LANE	
CITY-ST-ZIP	WATKINSVILLE GA 30677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GLUESENKAMP, J. KAY	
STREET ADDRESS	3717 RAVINE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1484 Marion Avenue.	
CITY-ST-ZIP	Tallahassee, Florida	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin D. Gluesenkamp	
STREET ADDRESS	545 MacLay Lane	
CITY-ST-ZIP	Tallahassee, Florida, 32312	
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 affidavit, with all other like empowered.

SIGNATURE: **Vice President**

01/17/2000

850.893.7081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)