

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000673

1. Entity Name

THE LEATHER FACTORY, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 035 ***150.00

Principal Place of Business

Mailing Address

AMERICAN LEATHER COMPANY
4901-A RIO VISTA
TAMPA FL 33634
US

3847 E LOOP 820 SOUTH
FORT WORTH TX 76119-4337
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1721123

Applied For
Not Applicable

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

MILLER, ALEX
4901-A RIO VISTA
TAMPA FL 33606

Name DAN HUPP
Street Address (P.O. Box Number is not Acceptable) 4901-A RIO VISTA
City TAMPA FL Zip Code 33606

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

DAN HUPP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/13/00

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 ☐ Delete
NAME CP
STREET ADDRESS THOMPSON, WRAY
CITY-ST-ZIP 3847 E LOOP 820 SOUTH
FORT WORTH TX 76119

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS MORGAN, RON
CITY-ST-ZIP 3847 E LOOP 820 SOUTH
FORT WORTH TX 76119

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS MORGAN, ROBIN L
CITY-ST-ZIP 3847 E LOOP 820 SOUTH
FORT WORTH TX

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

TITLE ☐ Delete
NAME V
STREET ADDRESS THOMPSON, JON W.
CITY-ST-ZIP 3847 E. LOOP 820 SOUTH
FORT WORTH TX

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

TITLE ☐ Delete
NAME V
STREET ADDRESS ANGUS, MARK J
CITY-ST-ZIP 3847 E. LOOP 820 SOUTH
FORT WORTH TX

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robin L Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN L. MORGAN
VP-ADMIN

Date

Daytime Phone #

(817) 496-4414