## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

## May 07, 2002 8:00 am Secretary of State DOCUMENT # P97000107148 1. Entity Name 05-07-2002 90352 028 \*\*\*158.75 STEIN MART BUYING CORP. Principal Place of Business Mailing Address 1200 RIVERPLACE BLVD 1200 RIVERPLACE BLVD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3481114 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Name</u> F&L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32202 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ... Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE Change ☐ Addition ☐ Delete NAME STEIN, JAY NAME STREET ADDRESS 1200 RIVERPLACE BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME WILLIAMS, JOHN H NAME STREET ADDRESS STREET ADDRESS 1200 RIVERPLACE BLVD CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete D . . . NAME FISHER, MICHAEL NAME 1200 RIVERPLACE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32207 D ☐ Delete TITLE Change ☐ Addition DELFS, JAMES G NAME STREET ADDRESS STREET ADDRESS 1200 RIVERPLACE BLVD CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HAWKINS, HUNT STREET ADDRESS STREET ADDRESS 1200 RIVERPLACE BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

**FILED** 

Daytime Phone #