

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 272405

1. Entity Name

RED HILLS FURNITURE OF BRADFORDVILLE, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90356 040 ***150.00

Principal Place of Business 545 MACLAY LANE P O BOX 12457, ZIP 32317 TALLAHASSEE FL 32312 US	Mailing Address 545 MACLAY RD 545 MACLAY LANE TALLAHASSEE FL 32312 US
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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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GLUESENKAMP, GORDON J., JR. 545 MACLAY LANE TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GLUESENKAMP, JOSEPHINE 545 MACLAY LANE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Gluesenkamp, Josephine 545 MacLay Lane Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GLUESENKAMP, G J, JR 545 MACLAY LANE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/T Gluesenkamp, G.J., Jr 545 MacLay Lane Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLUESENKAMP, GORDON J. III 545 MACLAY LANE TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gluesenkamp Gordon J. III 1484 Marion Ave. Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLUESENKAMP, BENJAMIN D 2050 CANTRELL LANE WATKINSVILLE GA 30677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gluesenkamp, Benjamin D. 545 MacLay Lane Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLUESENKAMP, J. KAY 3717 RAVINE TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 this filing, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/24/2001

Date

(850) 893-7081

Daytime Phone #

CR2E034 (10/00)

Attachment

277405
753936

Florida Department of State:

Please note the changes we have made to the officers and directors. We made changes last year which were not implemented by you and want to make sure they are corrected this year.

Thank you.