

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90205 016 ***150.00

DOCUMENT # 285354

1. Entity Name

JIM TATUM'S MEN'S SHOPS, INC.

Principal Place of Business

**5318 NORMANDY BLVD.
P.O. BOX 37559
JACKSONVILLE FL 32205**

Mailing Address

**5318 NORMANDY BLVD.
P.O. BOX 37559
JACKSONVILLE FL 32205**

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 **59-1116573**

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

**TATUM, JAMES L.
5318 NORMANDY BLVD.
JACKSONVILLE FL 32205**

Name

Timothy J. Tatum

Street Address (P.O. Box Number is Not Acceptable)

5318 Normandy Blvd.

JACKSONVILLE

City

FL

Zip Code

32205

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

James L. Tatum **JAMES L. TATUM**

3-26-01

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TATUM, TIMOTHY J.	
STREET ADDRESS	5318 NORMANDY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TATUM, ALISA L	
STREET ADDRESS	5318 NORMANDY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIRACLE, ROGER D	
STREET ADDRESS	6513 SOLANDRA DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GANEY, JOAN L	
STREET ADDRESS	2968 OAK CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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:

Timothy J. Tatum

Timothy J. Tatum

3-26-01

Date

Daytime Phone #

904-786-8770