

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831230

1. Entity Name

MCRAE'S, INC.

Principal Place of Business

3455 U.S. HIGHWAY 80 WEST
POST OFFICE BOX 20080
JACKSON MS 39209

Mailing Address

750 LAKESHORE PKWY
BIRMINGHAM AL 35211
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

64-0202140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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

TITLE	VS	<input type="checkbox"/> Delete
NAME	HANSEN, CHARLES J	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, BRIAN	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HANNOLD, SCOTT	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLTHARP, DOUG	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COGGIN, JAMES	
STREET ADDRESS	3455 HWY 80 W	
CITY-ST-ZIP	JACKSON MS 39209	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAYS, BRADLEY R	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley R. Mays

Date

2-28-01

Daytime Phone #

205-940-4745

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90114 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)