

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

0105665 AT

**DOCUMENT # 835827**

1. Entity Name  
**BELK STORES MUTUAL INSURANCE COMPANY**



07-31-2001 90119 001 \*\*\*\*\*8.75  
 07-31-2001 90119 002 \*\*\*550.00

Principal Place of Business  
**2801 W. TYVOLA ROAD**  
**CHARLOTTE NC 28217-4500**  
**US**

Mailing Address  
**2801 W TYVOLA RD.**  
**CHARLOTTE NC 28217-4500**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>56-0773500</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>INSURANCE COMMISSIONER</b> <b>CAPITOL BLDG.</b> <b>TALLAHASSEE FL 32304</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 **Eston V. Walling, Senior Vice President** DATE **7/17/2001**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 <b>D</b>	<input type="checkbox"/> Delete <b>BELK, THOMAS M JR</b> <b>2801 WEST TYVOLA ROAD</b> <b>CHARLOTTE NC 28217-4500</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>MOORE, LUTHER T.</b> <b>2801 W TYVOLA RD</b> <b>CHARLOTTE NC</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SVP</b>	<input type="checkbox"/> Delete <b>WALLING, ESTON V.</b> <b>2801 W TYVOLA RD</b> <b>CHARLOTTE NC</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>CD</b>	<input type="checkbox"/> Delete <b>BELK, JOHN M.</b> <b>2801 W TYVOLA RD</b> <b>CHARLOTTE NC</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	<input type="checkbox"/> Delete <b>BELK, JOHN R</b> <b>2801 W TYVOLA ROAD</b> <b>CHARLOTTE NC 28217-4500</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <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 an address, with all other like empowered.

SIGNATURE: **ESTON V. WALLING** **SVP** **7/23/01** **704-357-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)