

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90135 008 ***150.00

DOCUMENT # F93000002441

1. Entity Name
NATIONAL BOOK WAREHOUSES, INC.



Principal Place of Business
5915 CASEY DR
KNOXVILLE TN 37909

Mailing Address
5915 CASEY DR
KNOXVILLE TN 37909

2. Principal Place of Business
5700 Casey Drive

3. Mailing Address
5700 Casey Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Knoxville TN

City & State
Knoxville TN

Zip **37909** **Country** **USA**

Zip **37909** **Country** **USA**

4. FEI Number **62-1403402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINKLE, DAVID	
STREET ADDRESS	5915 CASEY DR	
CITY-ST-ZIP	KNOXVILLE TN 37909	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MINCEY, MICHAEL	
STREET ADDRESS	5915 CASEY DR	
CITY-ST-ZIP	KNOXVILLE TN 37909	
TITLE	VPFD	<input type="checkbox"/> Delete
NAME	VAN VOORHIS, WILLIAM M	
STREET ADDRESS	5915 CASEY DR	
CITY-ST-ZIP	KNOXVILLE TN 37909	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Hinkle	
STREET ADDRESS	5700 Casey Drive	
CITY-ST-ZIP	Knoxville TN 37909	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J Mincey Jr.	
STREET ADDRESS	5700 Casey Drive	
CITY-ST-ZIP	Knoxville TN 37909	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William M Van Voorhis	
STREET ADDRESS	5700 Casey Drive	
CITY-ST-ZIP	Knoxville TN 37909	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M Van Voorhis* **4/4/03** **805.558.8187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)