

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004042

1. Entity Name

THE BOOK MARKET, INC. OF TENNESSEE

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90349 001 ***300.00

Principal Place of Business
5915 CASEY DRIVE
KNOXVILLE TN 37922

Mailing Address
5915 CASEY DRIVE
KNOXVILLE TN 37909-1808

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 62-1480282

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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
NAME HINKLE, DAVID C
STREET ADDRESS 5915 CASEY DR
CITY-ST-ZIP KNOXVILLE TN 37909 ☐ Delete

TITLE DIRECTOR
NAME GARY R. SASLAW
STREET ADDRESS 20801 BISCAYNE BLVD # 304
CITY-ST-ZIP AVENTURA, FL 33180-1422 ☐ Change ☒ Addition

TITLE CFO
NAME ERDMANN, EDWARD A III
STREET ADDRESS 5915 CASEY DR
CITY-ST-ZIP KNOXVILLE TN 37909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPO
NAME MINCEY, MICHAEL J
STREET ADDRESS 5915 CASEY DR
CITY-ST-ZIP KNOXVILLE TN 37909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Edward A. Erdmann, III

2-4-00

423-558-8187

Date

Daytime Phone #