

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90030 032 ***150.00

DOCUMENT # F95000001393

1. Entity Name
MANDRELL, INC.

Principal Place of Business
LOUISE MANDRELL THEATER
2046 PARKWAY
PIGEON FORGE TN 37863
US

Mailing Address
MANDRELL INC
1101 HUNTER LANE
ASHLAND CITY TN 37015
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 129

ASHLAND CITY TN

City & State

4. FEI Number

62-1138676

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

37015

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

GENTH, KATHY
1814 GULF BLVD.
ENGLEWOOD FL 34223

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, 2002 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 ☐ Delete
NAME **CP MANDRELL, LOUISE**
STREET ADDRESS **1100 ROBIN HOOD ROAD**
CITY-ST-ZIP **ASHLAND CITY TN**

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

TITLE ☐ Delete
NAME **CS MANDRELL, MARY**
STREET ADDRESS **1101 HUNTER LANE**
CITY-ST-ZIP **ASHLAND CITY TN 37015 P.O. Box 129**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Mary E. Mandrell
MARY E. MANDRELL

Date

Daytime Phone #

615-792-1103

1/17/02

CR2E034 (9/01)