

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 58-2169628
 1. Entity Name F96000003492
 Bradley Specialty Retailing, Inc.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90035 005 ***150.00

Principal Place of Business Mailing Address
 1017 Front Ave. P.O. Box 140
 Columbus, GA 31901 Columbus, GA 31902-0140

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 58-2169628 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

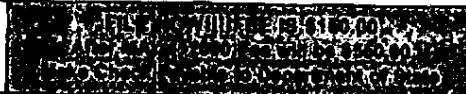
6. Name and Address of Current Registered Agent
 C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and fee 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) ☐



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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Martin, Calvin J. Jr.		NAME		
STREET ADDRESS	1017 Front Ave.		STREET ADDRESS		
CITY-ST-ZIP	Columbus, GA 31901		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	Turner, John T.		NAME		
STREET ADDRESS	1017 Front Ave.		STREET ADDRESS		
CITY-ST-ZIP	Columbus, GA 31901		CITY-ST-ZIP		
TITLE	SC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Wright, Robert H. Jr.		NAME		
STREET ADDRESS	1017 Front Ave.		STREET ADDRESS		
CITY-ST-ZIP	Columbus, GA 31901		CITY-ST-ZIP		
TITLE	VGM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Carberry, Thomas		NAME		
STREET ADDRESS	395 South Legacy Trail		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32092		CITY-ST-ZIP		
TITLE	C	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Turner, William B. Jr.		NAME		
STREET ADDRESS	1017 Front Ave.		STREET ADDRESS		
CITY-ST-ZIP	Columbus, GA 31901		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Fowler, Richard W.		NAME		
STREET ADDRESS	1017 Front Ave.		STREET ADDRESS		
CITY-ST-ZIP	Columbus, GA 31901		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: Robert H. Wright Jr. Secretary 3/22/00 706-571-6057
 Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)