

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004669

1. Entity Name

SHAW RETAIL PROPERTIES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90094 031 ***150.00

Principal Place of Business

Mailing Address

616 E WALNUT AVE
DALTON GA 30722-2128
US

PO DRAWER 2128
DALTON GA 30722-2128

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

58-2242176

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	<input type="checkbox"/> Delete
NAME	ROLLINS, CARL P	
STREET ADDRESS	1602 SOUTH MONT DR.	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBBINS, CHARLES N	
STREET ADDRESS	1904 WYCLIFF	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOSKINS, DOUGLAS H	
STREET ADDRESS	1708 BRIARCLIFF CIRCLE	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUGHTER, BENNIE M	
STREET ADDRESS	4004 MILLSTONE CIRCLE	
CITY-ST-ZIP	ROCKY FACE GA 30740	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, NORMAN D	
STREET ADDRESS	3342 W. ARMUCHEE RD.	
CITY-ST-ZIP	SUMMERVILLE GA 30747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	Vance D. Bell	
STREET ADDRESS	202 South Goosehill Rd.	
CITY-ST-ZIP	Rocky Face, GA 30740	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS H. HOSKINS, TREASURER

Date

Daytime Phone #

6-27-00

706-278-3812