

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90057 008 \*\*\*150.00

**DOCUMENT # F97000002369**

1. Entity Name

**FURNISHINGS INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

**4000 LIFESTYLE COURT  
C/O TAX DEPARTMENT  
HIGH POINT NC 27265  
US**

**C/O TAX DEPARTMENT  
4000 LIFESTYLE COURT  
HIGH POINT NC 27264  
US**

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 **43-1724507**

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 SOUTH PINE ISLAND ROAD  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LYON, WAYNE B 4000 LIFESTYLE CT HIGH POINT NC 27265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBBINS, RONNIE R JR 4000 LIFESTYLE CT HIGH POINT NC 27265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARNARD, DOUGLAS C 4000 LIFESTYLE CT HIGH POINT NC 27265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOFFMAN, RONALD 4000 LIFESTYLE CT HIGH POINT NC 27265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELTON, JAMES R 4000 LIFESTYLE CT HIGH POINT NC 27265	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alan D. Cole 4000 Lifestyle Court High Point, NC 27265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ronald J. Hoffman 4000 Lifestyle Court High Point, NC 27265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/ Asst. S Catherine T. McGee 4000 Lifestyle Court High Point, NC 27265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Douglas C. Barnard 4000 Lifestyle Court High Point, NC 27265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Wayne B. Lyon 4000 Lifestyle Court High Point, NC 27265	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Catherine T. McGee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine T. McGee 4-12-01

Date

336-878-7000

Daytime Phone #

CR2E034 (10/00)