

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005924

1. Entity Name

HAROLD'S STORES, INC.

Principal Place of Business

Mailing Address

765 ASP.
NORMAN OK 73069

765 ASP.
NORMAN OK 73069

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 73-1308796

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	C	<input type="checkbox"/> Delete
NAME	POWELL, HAROLD G	
STREET ADDRESS	765 ASP,	
CITY-ST-ZIP	NORMAN OK	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, REBECCA P	
STREET ADDRESS	5919 MAPLE AVENUE	
CITY-ST-ZIP	DALLAS TX	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, H R	
STREET ADDRESS	765 ASP	
CITY-ST-ZIP	NORMAN OK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT, LISA P	
STREET ADDRESS	3940 MARQUETTE	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, MICHAEL T	
STREET ADDRESS	5919 MAPLE AVENUE	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROW, KENNETH C	
STREET ADDRESS	765 ASP	
CITY-ST-ZIP	NORMAN OK	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jodi L TAYLOR	
STREET ADDRESS	765 ASP	
CITY-ST-ZIP	NORMAN, OK 73069	
TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark Hinkley	
STREET ADDRESS	5919 Maple Ave	
CITY-ST-ZIP	DALLAS, TX 75235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Amber S. Wilson - Accountant 4/25/01 (405) 366-2580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90453 028 ***150.00

00049723



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)