

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0630113 AB

DOCUMENT # F98000005924

1. Entity Name
HAROLD'S STORES, INC.

03-03-2002 90099 038 ***150.00

Principal Place of Business

**765 ASP.
 NORMAN OK 73069**

Mailing Address

**765 ASP.
 NORMAN OK 73069**

80035063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1308796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 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

TITLE NAME ☒ Delete
**C
 POWELL, HAROLD G
 765 ASP,
 NORMAN OK**

TITLE NAME ☐ Delete
**D
 CASEY, REBECCA P
 5919 MAPLE AVENUE
 DALLAS TX**

TITLE NAME ☐ Delete
**CFO
 TAYLOR, JODI L
 765 ASP
 NORMAN OK 73069**

TITLE NAME ☐ Delete
**CEO
 HINKLEY, CLARK
 5919 MAPLE AVENUE
 DALLAS TX 75235**

TITLE NAME ☒ Delete
**D
 CASEY, MICHAEL T
 5919 MAPLE AVENUE
 DALLAS TX**

TITLE NAME ☐ Delete
**VD
 ROW, KENNETH C
 765 ASP
 NORMAN OK**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
**CHAIRMAN
 WILLIAM HASLAN
 5508 LONAS RD
 KNOXVILLE, TN 37909**

TITLE NAME ☐ Change ☐ Addition
**DIRECTOR
 3290 NORTHSIDE PKWY STE 225
 ATLANTA, GA 30327**

TITLE NAME ☐ Change ☐ Addition
ROBERT ANDERSON

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

SIGNATURE REQUIRED OF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

405-329-4045
 Daytime Phone #

CR2E034 (9/01)