

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90053 012 ***150.00

DOCUMENT # G09440

1. Entity Name

FAMILY DOLLAR STORES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1017
 CHARLOTTE NC 28201-1017

P.O. BOX 1017
 CHARLOTTE NC 28201-1017



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

62-1147034

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAHONEY, GEORGE R JR 10401 OLD MONROE RD MATTHEWS NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. James Kelly JR. 10401 Monroe Rd Matthews NC 28201- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice Chairman / Chief Fin. & Administrative Officer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, HOWARD R 10401 MONROE RD MATTHEWS NC 28201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John G. Clifford 10401 Monroe Rd Matthews NC 28201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BFC LEVINE, LEON 10401 OLD MONROE RD MATTHEWS NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leon Levine 10401 old Monroe Rd Matthews NC 28201 - Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAFARE, GILBERT A. 10401 OLD MONROE RD. MATTHEWS NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas E. Schoenheit 10401 Old Monroe Rd Matthews NC 28201- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURRIS, JANICE 10401 OLD MONROE RD MATTHEWS NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dayton W. Powell 10401 Old Monroe Rd Matthews NC 28201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant TREAS. Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVF SOWERS, C MARTIN 10401 OLD MONROE RD MATTHEWS NC <input type="checkbox"/> Delete	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: C. Martin Sowers Date: 4-7-00 Daytime Phone #: 704-847-6961
 SR VICE-PRESIDENT FINANCE