

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N14198

UNITED STATES APPAREL INDUSTRY COUNCIL, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 009 ****61.25

Principal Place of Business

Mailing Address

5200 Blue Lagoon Dr. Ste. 600
Miami, FL 33126

5200 Blue Lagoon Dr. Ste. 6
Miami, FL 33126

BU091376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2701429

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

Travis, Thomas G.
5200 Blue Lagoon Drive, Ste. 600
Miami, FL 33126

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME COOK, JERRY
STREET ADDRESS 1000 E HANES MILL RD
CITY-ST-ZIP WINSTON-SALEM NC 27105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROWAN, ROBERT
STREET ADDRESS 335 CHURCH CT
CITY-ST-ZIP GREENSBORO NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GALE, MICHAEL
STREET ADDRESS 1455 PENNSYLVANIA AVE NW
CITY-ST-ZIP WASHINGTON DC 20004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

Tommy Carr April 23, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

336-519-5250

Daytime Phone #

CR2E037 (9/99)