

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90174 019 ***150.00

DOCUMENT # P13693

1. Entity Name

OLAN MILLS, INC.

Principal Place of Business

Mailing Address

**4325 AMNICOLA HWY.
P.O. BOX 23456
CHATTANOOGA TN 37422-3456
US**

**4325 AMNICOLA HWY.
P.O. BOX 23456
CHATTANOOGA TN 37422-3456
US**

976332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1220797

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

**CT CORPORATION SYSTEM
1200 S. 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 PD ☐ Delete
NAME MCDOWELL ROBERT L
STREET ADDRESS 8 WOODHILL RD
CITY-ST-ZIP LOOKOUT MTN TN 37350

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

TITLE SCD ☐ Delete
NAME MILLS, OLAN II
STREET ADDRESS 3076 RIVERMONT ROAD
CITY-ST-ZIP CHATTANOOGA TN 37415

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

TITLE V ☐ Delete
NAME KREILEIN, DAVID L
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA TN 37406

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

TITLE D ☐ Delete
NAME WALKER, WINSTON W
STREET ADDRESS 4325 AMNICOLA HIGHWAY
CITY-ST-ZIP CHATTANOOGA TN 37406

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

TITLE D ☐ Delete
NAME BAKER, JAMES B
STREET ADDRESS 4325 AMNICOLA HIGHWAY
CITY-ST-ZIP CHATTANOOGA TN 37406

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

TITLE D ☐ Delete
NAME TAYLOR, ALEXANDER II
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA TN 37406

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVE KREILEIN

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)