

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90099 034 ***550.00

DOCUMENT # P13693

1. Entity Name
OLAN MILLS, INC.

Principal Place of Business
4325 AMNICOLA HWY.
P.O. BOX 23456
CHATTANOOGA TN 37422-3456
US

Mailing Address
P.O. BOX 23456
ATTN TAX DEPT
CHATTANOOGA TN 37422-3456
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **PD MCDOWELL ROBERT L**
 STREET ADDRESS **8 WOODHILL RD**
 CITY-ST-ZIP **LOOKOUT MTN TN 37350**

TITLE ☒ Change ☐ Addition
 NAME **PD McDowell Robert L.**
 STREET ADDRESS **4325 Amnicola Hwy**
 CITY-ST-ZIP **Chattanooga, TN 37406**

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

TITLE ☒ Change ☐ Addition
 NAME **SCD Mills, Olan II**
 STREET ADDRESS **4325 Amnicola Hwy**
 CITY-ST-ZIP **Chattanooga, TN 37406**

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

TITLE ☒ Change ☐ Addition
 NAME **VP-CFO Carden, Laura**
 STREET ADDRESS **4325 Amnicola Hwy**
 CITY-ST-ZIP **Chattanooga, TN 37406**

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

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

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

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

TITLE ☐ Delete
 NAME **D 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: **JOHN A. TORRES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02 **423.629.8312**
 Date Daytime Phone #

CR2E034 (4/02)