

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29413

1. Entity Name

BURLINGTON BRANDS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90140 022 ***150.00

Principal Place of Business

Mailing Address

1266 PLAZA DR
P.O. BOX 1023
BURLINGTON NC 27216-8023

1266 PLAZA DR
P.O. BOX 1023
BURLINGTON NC 27216-1023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1299799

Applied For

Not Applicable

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, 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

TITLE PD
NAME FITZGERALD, KEVIN J.
STREET ADDRESS 3021 S. FAIRWAY DR.
CITY-ST-ZIP BURLINGTON NC ☐ Delete

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

TITLE SD
NAME SAPP, BENNETT B.
STREET ADDRESS 2806 N. FAIRWAY
CITY-ST-ZIP BURLINGTON NC ☐ Delete

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

TITLE D
NAME HARRIS, NAT T.
STREET ADDRESS 2533 PINESWAY DR.
CITY-ST-ZIP BURLINGTON NC ☐ Delete

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

TITLE D
NAME NOWELL, MATT H.
STREET ADDRESS 2604 TATTON DR.
CITY-ST-ZIP RALEIGH NC ☐ Delete

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

TITLE D
NAME BLAKE A. WAGGONER
STREET ADDRESS 1266 PLAZA DRIVE
CITY-ST-ZIP BURLINGTON NC ☐ Delete

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

TITLE T
NAME A.G. NOWELL, JR.
STREET ADDRESS P.O. BOX 10005
CITY-ST-ZIP RALEIGH NC ☐ Delete

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

Date

Daytime Phone #

3/09/00

336 227 7060

CR2E034 (9/99)