

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90014 022 ***150.00

DOCUMENT # P37427

1. Entity Name
GOODY'S FAMILY CLOTHING, INC.

00039563



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
400 GOODY'S LANE **P.O. BOX 22000**
TN 37922-1900 **KNOXVILLE TN 37933-2000**
US

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 **62-0793974** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 | D | <input type="checkbox"/> Delete | TITLE | V. P. Finance | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOODFRIEND, ROBERT | | NAME | David G. Peek | |
| STREET ADDRESS | 400 GOODY'S LANE | | STREET ADDRESS | 400 Goody's Lane | |
| CITY-ST-ZIP | KNOXVILLE TN | | CITY-ST-ZIP | Knoxville, TN 37922 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALL, HARRY M | | NAME | | |
| STREET ADDRESS | 400 GOODY'S LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KNOXVILLE TN | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLIN, EDWARD R | | NAME | | |
| STREET ADDRESS | 400 GOODY'S LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KNOXVILLE TN | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNBULL, CHERYL L | | NAME | | |
| STREET ADDRESS | 10 W BROAD ST, SUITE 400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLUMBUS OH | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURROW, SAMUEL J | | NAME | | |
| STREET ADDRESS | 4835 KINGSTON PIKE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KNOXVILLE TN | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOPPEL, ROBERT | | NAME | | |
| STREET ADDRESS | 2018 CLUNCH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | KNOXVILLE TN | | 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: *David G. Peek* **V. P. Finance** 3/20/00 (865) 916-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)