

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087605

1. Entity Name

WALLACE'S BOOK STORE (PALM BEACH), INC.

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

05-12-2000 90058 046 ***150.00

Principal Place of Business

Mailing Address

4200 CONGRESS AVE.
LAKE WORTH FL 33461-4796

P.O. BOX 11518
ATTN: BILL HAINSWORTH
LEXINGTON KY 40576-1518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0467629

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

FULMER, JOE
4200 CONGRESS AVE.
LAKE WORTH FL 33461

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 P
NAME JENNELLE, CLISBY
STREET ADDRESS 928 NANDINO BLVD.
CITY-ST-ZIP LEXINGTON KY 40576

☐ Delete

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

TITLE EXVP
NAME HAINSWORTH, WILLIAM L
STREET ADDRESS 928 NANDINO BLVD.
CITY-ST-ZIP LEXINGTON KY 40576

☐ Delete

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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

606 294 0994

Daytime Phone #

CR2E034 (9/99)