

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023390

1. Entity Name

AMERICAN BOOK CO.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90032 007 \*\*\*158.75

Principal Place of Business

Mailing Address

WAND OAK LN  
TN 37922

11130 KINGSTON PIKE  
1-183  
KNOXVILLE TN 37922-2800  
US

2. Principal Place of Business

165 West End Avenue  
Suite, Apt. #, etc.

3. Mailing Address

11130 Kingston Pike  
Suite, Apt. #, etc.  
Suite 1, PMB 1-183

City & State

Knoxville, TN

City & State

Knoxville, TN

4. FEI Number

58-2306379

Applied For

Not Applicable

Zip

Country

37922 U.S.A.

Zip

Country

37922 U.S.A.

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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)

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**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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>D <input type="checkbox"/> Delete</p> <p>WINEGARDER, DEAN</p> <p>3000 RIVER HAVEN POINT</p> <p>KNOXVILLE TN 37922</p>	<p>TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME D/Chairman</p> <p>STREET ADDRESS Winegardner, Dean</p> <p>CITY-ST-ZIP 3000 River Haven Point</p> <p>Knoxville, TN 37922</p>
<p>D <input type="checkbox"/> Delete</p> <p>WALKER, BOB</p> <p>22 PARK ST</p> <p>MENDON MA 01756</p>	<p>TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME President</p> <p>STREET ADDRESS Walker, Bob</p> <p>CITY-ST-ZIP 22 Park Street</p> <p>Mendon, MA 01756</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME S/T</p> <p>STREET ADDRESS Raines, Darren</p> <p>CITY-ST-ZIP 165 West End Avenue</p> <p>Knoxville, TN 37922</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>

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: By

American Book Co.

Dean Winegardner, Director

3/13/00

(865) 966-7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)