

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 001 ***158.75

DOCUMENT # P99000021728

1. Entity Name
WDW WHOLESAL BOOKS INC.

| | |
|--|---|
| Principal Place of Business LANDOAK LN. TN 37922 | Mailing Address 105 LANDOAK LN. KNOXVILLE TN 37922-2011 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 165 West End Avenue Suite, Apt. #, etc. | 3. Mailing Address 11130 Kingston Pike Suite, Apt. #, etc. Suite 1, PMB 1-184 |
| City & State Knoxville, TN | City & State Knoxville, TN |
| Zip 37922 | Zip 37922 |
| Country U.S.A. | Country U.S.A. |

| | |
|--|---|
| 4. FEI Number 58-2458817 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME WINEGARDNER, DEAN | |
| STREET ADDRESS 3000 RIVER HAVEN POINT | |
| CITY-ST-ZIP KNOXVILLE TN 37922 | |
| TITLE VST | <input type="checkbox"/> Delete |
| NAME SWIDERSKI, JILL | |
| STREET ADDRESS 142 WEST END | |
| CITY-ST-ZIP KNOXVILLE TN 37922 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PI Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Winegardner, Dean | |
| STREET ADDRESS 3000 River Haven Point | |
| CITY-ST-ZIP Knoxville, TN 37922 | |
| TITLE VST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Swiderski, Jill | |
| STREET ADDRESS 165 West End Avenue | |
| CITY-ST-ZIP Knoxville, TN 37922 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **By: Dean Winegardner, President** **3/13/00** **(865) 675-2192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)