

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080841

1. Entity Name

PUBLISHERS WAREHOUSE OF ST. AUGUSTINE, FLORIDA,

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 009 ***158.75

Principal Place of Business

Mailing Address

WEST END AVENUE
TN 37922

PMP 184
11130 KINGSTON PIKE, STE. 1
KNOXVILLE TN 37922-2800

2. Principal Place of Business

3. Mailing Address

500 Belz Outlet Blvd.

PMP 1-184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150

11130 Kingston Pike, Suite 1

City & State

City & State

St. Augustine, FL

Knoxville, TN

Zip

Country

32092

U.S.A.

Zip

Country

37922

U.S.A.

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)

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 BROOKS, RONALD A
STREET ADDRESS 142 WEST END AVENUE
CITY-ST-ZIP KNOXVILLE TN 37922

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

TITLE VSTD
NAME SWIDERSKI, JILL E
STREET ADDRESS 142 WEST END AVENUE
CITY-ST-ZIP KNOXVILLE TN 37922 ☐ Delete

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

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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 all other like empowered.

SIGNATURE BY: *Dean Winegarter, Power Attorney for President*

4/25/00

865/675-2192

Date

Daytime Phone #

CR2E034 (9/99)