

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000373

1. Entity Name

VF WORKWEAR, INC.

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

05-18-2000 90315 030 ***150.00

Principal Place of Business

Mailing Address

545 MARIOTT DRIVE
NASHVILLE TN 37210

PO BOX 21488
ATTN: TAX DEPT
GREENSBORO NC 27420-1488
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1517281**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DP	<input type="checkbox"/> Delete
NAME	R H MATTHEWS	
STREET ADDRESS	545 MARIOTT DRIVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	PICKARD, F C I	
STREET ADDRESS	628 GREEN VALLEY RD STE 500	
CITY-ST-ZIP	GREENSBORO NC 27408	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	545 MARIOTT DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUMMINGS, C S	
STREET ADDRESS	628 GREEN VALLEY RD STE 500	
CITY-ST-ZIP	GREENSBORO NC 27408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAMBERGER, J P	
STREET ADDRESS	628 GREEN VALLEY RD STE 500	
CITY-ST-ZIP	GREENSBORO NC 27408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, M.J.	
STREET ADDRESS	628 GREEN VALLEY RD STE 500	
CITY-ST-ZIP	GREENSBORO NC 27408	

TITLE	Tax Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Lipinski	
STREET ADDRESS	628 Green Valley Road, Suite 500	
CITY-ST-ZIP	Greensboro, NC 27408	
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		
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: *R. Lipinski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

336-547-6000

Daytime Phone #

CR2E034 (9/99)