

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90158 005 \*\*\*550.00

**DOCUMENT # F93000002441**

1. Entity Name  
**NATIONAL BOOK WAREHOUSES, INC.**

Principal Place of Business  
**5915 CASEY DR  
 KNOXVILLE TN 37909**

Mailing Address  
**5915 CASEY DR  
 KNOXVILLE TN 37909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1403402**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**  Delete  
 NAME **HINKLE, DAVID**  
 STREET ADDRESS **5915 CASEY DR**  
 CITY-ST-ZIP **KNOXVILLE TN**

TITLE **P/D**  Change  Addition  
 NAME **Hinkle, David**  
 STREET ADDRESS **5915 Casey Dr**  
 CITY-ST-ZIP **Knoxville, TN 37909**

TITLE **VP**  Delete  
 NAME **MINCEY, MICHAEL**  
 STREET ADDRESS **5915 CASEY DR**  
 CITY-ST-ZIP **KNOXVILLE TN**

TITLE **VP/D**  Change  Addition  
 NAME **Mincey, Michael**  
 STREET ADDRESS **5915 Casey Dr.**  
 CITY-ST-ZIP **Knoxville, TN 37909**

TITLE **D**  Delete  
 NAME **SASLAW, GARY R**  
 STREET ADDRESS **20801 BISCAYNE BLVD #304**  
 CITY-ST-ZIP **AVENTURA FL 33180-1422**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPF**  Delete  
 NAME **VAN VOORHIS, WILLIAM M**  
 STREET ADDRESS **5915 CASEY DR**  
 CITY-ST-ZIP **KNOXVILLE TN 37909**

TITLE **VPF/D**  Change  Addition  
 NAME **Van Voorhis, William M**  
 STREET ADDRESS **5915 Casey Drive**  
 CITY-ST-ZIP **Knoxville, TN 37909**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **WILLIAM M. VAN VOORHIS** **WILLIAM M. VAN VOORHIS** **7-18-02 865-558-818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)