2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80789

1. Entity Name
BEAR BRANCH TIMBERLANDS COMPANY

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90147 004 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BLACKBURN & COMPANY. L.C. ~~6620 SOUTHPOINT DR. S.. STE 200~~ ~~JACKSONVILLE FL 32216~~ US	BLACKBURN & COMPANY. L.C. ~~6620 SOUTHPOINT DR. S.. STE 200~~ ~~JACKSONVILLE FL 32216~~ US

2. Principal Place of Business	3. Mailing Address
P. O. Box 222	2591 Arnold Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Callahan, FL	City & State: Jacksonville, FL
Zip: 32011 Country: U.S.A.	Zip: 32218 Country: U.S.A.

4. FEI Number: 59-2832416 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLCKBURN & COMPANY, L.C.
~~6620 SOUTHPOINT DR., SO.~~
~~STE 200~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name: Blackburn & Company, L.C.
Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road South
Building 500
City: Jacksonville FL Zip Code: 32256

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] MANAGING MEMBER 3/29/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WRIGHT, WILLIAM G. 2591 ARNOLD ROAD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WRIGHT, REBECCA 2591 ARNOLD ROAD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] William G. Wright 4-5-01 904-879-3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)