

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086230

1. Entity Name

RUTLAND PLASTICS, INC.

FILED

00 FEB 16 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0707441

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KLEIN, PETER W~~

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

Name

maria C. Callejas

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

maria C Callejas

1/6/00

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	<input type="checkbox"/> Delete
NAME	BURSON, STANLEY D	
STREET ADDRESS	10021 RODNEY STREET	
CITY-ST-ZIP	PINEVILLE NC 28134	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	VADEN, MICHAEL T	
STREET ADDRESS	10021 RODNEY STREET	
CITY-ST-ZIP	PINEVILLE NC	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	POWELL, EARL W.	
STREET ADDRESS	2665 S BAYSHORE STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, PHILLIP T. (M.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KUFFNER, MARILYN D.	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DOMINICK, J. WILLIAM	
STREET ADDRESS	10021 RODNEY ST.	
CITY-ST-ZIP	PINEVILLE NC	

TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley D. Burson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederic D. Shackelford	
STREET ADDRESS	10021 Rodney St.	
CITY-ST-ZIP	Pineville, NC	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tray D. Templeton	
STREET ADDRESS	2665 S. Bayshore Dr., 8th FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Wolf	
STREET ADDRESS	10021 Rodney St.	
CITY-ST-ZIP	Pineville, NC	
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

SP

CRE034 (9/99)