

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90017 026 \*\*\*550.00

**DOCUMENT # P99000015679**

1. Entity Name  
**WEBB TIMBERLANDS, INC.**

Principal Place of Business RT. 5, BOX 6030 MADISON FL 32340	Mailing Address RT. 5, BOX 6030 MADISON FL 32340
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3564353</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FRAZIER, W. ROBINSON**  
**1515 RIVERSIDE AVE., STE. A**  
**JACKSONVILLE FL 32204**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, VERNAL A</b>	NAME	
STREET ADDRESS	<b>RT. 5, BOX 6030</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, W. GARY</b>	NAME	
STREET ADDRESS	<b>RT. 5, BOX 6030</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOCK, LYNDIA J</b>	NAME	
STREET ADDRESS	<b>RT. 5, BOX 6030</b>	STREET ADDRESS	<b>357 N.E. Pineapple Street</b>
CITY-ST-ZIP	<b>MADISON FL 32340</b>	CITY-ST-ZIP	<b>Pinetta, FL 32350</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBLIN, JANET S</b>	NAME	
STREET ADDRESS	<b>RT. 5, BOX 6030</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Vernala Webb* **7-10-2000** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment doc# P99000015679  
B0102859

**WEBB TIMBERLANDS, INC.**  
**ROUTE 5, BOX 6030**  
**MADISON, FL 32340**

OFFICE (850) 973-4107  
TOLL FREE 800-533-4902

FAX (850) 973-3563

July 10, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: #59-3564353

To Whom It May Concern:

We have just received a second notice from the state about our corporate filing for 2000. On Friday July 7th, Vernal A. Webb received one for the Webb Family Partnership, LTD., he had talked with someone in the office and they requested that he send a letter along with the filing fee now we have received a filing for Greenville Timber Corporation and Webb Timberlands, Inc.. These are all mailed to the same address, am not sure what could have happened with the mail.

If you have any questions please call me at the number above and ask for, Paula.

Sincerely,



Paula E. Bass,  
Office Manager

peb

cc: files

enclosure