

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90091 030 \*\*\*158.75

**DOCUMENT # 165952**

1. Entity Name

**DIXIE PLYWOOD COMPANY OF TAMPA, INC.**

Principal Place of Business

**SOUTH END OF WEST LATHROP AVENUE  
P.O. BOX 1408  
SAVANNAH GA 31402**

Mailing Address

**SOUTH END OF WEST LATHROP AVENUE  
P.O. BOX 1408  
SAVANNAH GA 31402**

000111



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

**59-0657530**

Applied For

Not Applicable

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

**FORHOLT, ERICK A  
344 ALL AMERICAN BLVD  
ORLANDO FL 32810**

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, 2002 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 **VD** ☐ Delete  
NAME **BRADLEY, W WALDO**  
STREET ADDRESS **S END OF W LATHROP AVE**  
CITY-ST-ZIP **SAVANNAH GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **S End Old West Lathrop Ave**  
CITY-ST-ZIP **Savannah, GA 31415**

TITLE **PD** ☐ Delete  
NAME **BRADLEY, DANIEL H**  
STREET ADDRESS **S END OF W LATHROP AVE**  
CITY-ST-ZIP **SAVANNAH GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **S End Old West Lathrop Ave**  
CITY-ST-ZIP **Savannah, GA 31415**

TITLE **D** ☐ Delete  
NAME **WHEELER, JANE B**  
STREET ADDRESS **S END OF W LATHROP AVE**  
CITY-ST-ZIP **SAVANNAH GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **35 Palisades Rd NE**  
CITY-ST-ZIP **Atlanta, GA 30309**

TITLE **S** ☒ Delete  
NAME **MCMILLAN, PAUL H**  
STREET ADDRESS **S END OF W LATHROP AVE**  
CITY-ST-ZIP **SAVANNAH GA**

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Hancock, Rebecca L**  
CITY-ST-ZIP **S End Old West Lathrop Ave**  
**Savannah, GA 31415**

TITLE **T** ☐ Delete  
NAME **GENTRY, MARK**  
STREET ADDRESS **S END OF W LATHROP AVE**  
CITY-ST-ZIP **SAVANNAH GA**

TITLE **VT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **S End Old West Lathrop Ave**  
CITY-ST-ZIP **Savannah, GA 31415**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
NAME **Wilson, David G**  
STREET ADDRESS **S End Old West Lathrop Ave**  
CITY-ST-ZIP **Savannah, GA 31415**

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:

*Rebecca L. Hancock*  
**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

912-447-7000

Date

Daytime Phone #

CR2E034 (9/01)