

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 171540

1. Entity Name

ARCH CREEK LUMBER COMPANY

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90107 039 ***158.75

Principal Place of Business

15255 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162-6027

Mailing Address

15255 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FLA 33162-6027

2. Principal Place of Business

3. Mailing Address

P.O. Box J

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
North Miami Beach, FL

4. FEI Number

59-0689997

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, JAMES B
15255 W DIXIE HWY
N. MIAMI BEACH FL 33162

Name William C. Rose

Street Address (P.O. Box Number is Not Acceptable)

15255 W. Dixie Hwy

City N. Miami Beach

FL

Zip Code 33162

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)

X

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
NAME ROSE, WILLIAM C
STREET ADDRESS 15255 WEST DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-6027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME PIERCE, JO ELAINE ROSE
STREET ADDRESS 15255 WEST DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-6027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROSE, JAMES
STREET ADDRESS 15255 WEST DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-6027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2F034 (9/99)