

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 Suite, Apt. #, etc.	3. Mailing Address P.O. Box J Suite, Apt. #, etc.
---	---

City & State NORTH MIAMI BEACH, FL	4. FEI Number 59-0689997	Applied For <input type="checkbox"/> Not Applicable
---------------------------------------	-----------------------------	--

Zip 33160	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	---



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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: (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, WILLIAM C 15255 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162-6027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PIERCE, JO ELAINE ROSE 15255 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162-6027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, JAMES 15255 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162-6027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: MARCH 6, 2000 DAYTIME PHONE #

CR2F034 (9/99)