

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90013 010 \*\*\*150.00

**DOCUMENT # 218784**  
 1. Entity Name  
**BAGWELL LUMBER CO OF AVON PARK INC**

Principal Place of Business <b>THOMAS W BAGWELL</b> <b>309 WEST PLEASANT ST</b> <b>AVON PARK FL 33825</b>	Mailing Address <b>THOMAS W BAGWELL</b> <b>PO BOX 1116</b> <b>AVON PARK FL 33826</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0811709</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAGWELL, THOMAS W**  
**97 LAKE DAMON DR**  
**AVON PARK FL 33825**

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

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	<b>BAGWELL, GARY L.</b>	
STREET ADDRESS	<b>333 S. MARION RD.</b>	
CITY-ST-ZIP	<b>AVON PARK FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>BAGWELL, LOIS W.</b>	
STREET ADDRESS	<b>97 LAKE DAMON DR.</b>	
CITY-ST-ZIP	<b>AVON PARK FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BAGWELL, THOMAS W.</b>	
STREET ADDRESS	<b>97 LAKE DAMON DR</b>	
CITY-ST-ZIP	<b>AVON PK, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** *GARY BAGWELL* **GARY BAGWELL** 1-12-01 863-453-3168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)