

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 234877

1. Entity Name  
ADAMS TIMBER COMPANY, INC.

Principal Place of Business

855 FERDON BLVD.  
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 631  
CRESTVIEW FL 32536

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ADAMS, LONNIE JACK  
725 ADAMS DR  
CRESTVIEW FL 32536

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 ☐ Delete  
NAME VD  
STREET ADDRESS ADAMS, PHILLIP L  
CITY-ST-ZIP 3645 WARD BASIN ROAD  
MILTON, FL 32570

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS ADAMS, LONNIE JACK  
CITY-ST-ZIP 725 ADAMS DR.  
CRESTVIEW, FL 32536

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS ADAMS, JEFF N  
CITY-ST-ZIP 7868 YELLOW RIVER BAPTIST CHURCH RD  
BAKER FL 32531

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS RICHEY, PATRICIA A  
CITY-ST-ZIP 2513 SOUTH LAKEVIEW  
CRESTVIEW FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lonnie Jack Adams 2-12-01 850-682-1717

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90024 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)