

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290930

1. Entity Name

W. L. Sherrod Lumber Co., Inc.

APPROVED  
AND  
FILED

00 MAY -1 PM 2:25

Principal Place of Business

Mailing Address

P.O. Box 308  
Greenville, FL 32331

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

U.S. Highway 90 West  
Suite, Apt. #, etc.

P.O. Box 308  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Greenville, FL

City & State

Greenville, FL

4. FEI Number

59-1091577

Applied For

Not Applicable

Zip

32331

Country

Zip

32331

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Hubert L. Sherrod  
Sandy Ford & North Grand  
Greenville, FL 32331

7. Name and Address of New Registered Agent

Name

Robert J. Sherrod

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

10491 Casanova Drive

City

Tallahassee

FL

Zip Code

32311

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

 Secretary

(NOTE: Registered Agent signature required when reinstating)

May 1, 2000

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: President  
NAME: Sherrod, Hubert L.  
STREET ADDRESS: Sandy Ford & N. Grand  
CITY-ST-ZIP: Greenville, FL 32331 ☒ Delete

TITLE: Director  
NAME: Sherrod, Bobbie J.  
STREET ADDRESS: Rt. 4, Box 1785  
CITY-ST-ZIP: Madison, FL 32340 ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President, Director  
NAME: James Z. Sherrod  
STREET ADDRESS: U.S. Highway 90 W.  
CITY-ST-ZIP: Greenville, FL 32331 ☐ Change ☒ Addition

TITLE: Vice President, Director  
NAME: Hubert L. Sherrod, Jr.  
STREET ADDRESS: U.S. Highway 90 West  
CITY-ST-ZIP: Greenville, FL 32331 ☐ Change ☒ Addition

TITLE: Secretary, Director  
NAME: Robert J. Sherrod  
STREET ADDRESS: 10491 Casanova Drive  
CITY-ST-ZIP: Tallahassee, FL 32311 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME: 400003260454-4  
STREET ADDRESS: -05/22/00--01006--024  
CITY-ST-ZIP: \*\*\*\*158.75 \*\*\*\*158.75

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

Date

850-948-2851

Daytime Phone #

CR2E034 (9/99)