

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 492189

1. Entity Name

BISHOP WOODS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90064 007 \*\*\*158.75

Principal Place of Business Mailing Address  
CORNER QUITMAN HWY & HOPEWELL RD. CORNER QUITMAN HWY & HOPEWELL RD.  
P.O. BOX 803 P.O. BOX 803  
MOULTRIE GA 31776 MOULTRIE GA 31776-0803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1418 Ga. Highway 133 South P. O. Box 803**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Moultrie, GA Moultrie, GA**

4. FEI Number **59-1633760** Applied For  
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
**31768 USA 31776 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, MARVIN L**  
**44 CONNIE DR**  
**CRAWFORDVILLE FL 32327**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **BISHOP, RONALD N. SR.**  
CITY-ST-ZIP **466 SUMNER RD**  
**MOULTRIE GA**

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

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **BISHOP, SANDRA**  
CITY-ST-ZIP **44 CONNIE DR**  
**CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: Sandra D. Bishop  
Sandra D. Bishop

4-5-00  
Date

912-890-1044  
Daytime Phone #

CR2E034 (9/99)