

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519022

1. Entity Name

E.E. BAXLEY LOGGING, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90034 048 \*\*\*150.00

Principal Place of Business

Mailing Address

ROUTE 2, EAST BURBANK ROAD  
P. O. BOX 206 220  
ANTHONY FL 32617

~~3100 NE 97TH ST. RD.~~  
~~P. O. BOX 206 220~~  
ANTHONY FL 32617-0220  
US

A0009803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3100 NE 97th St. Rd.

PO Box 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ANTHONY, FLORIDA

City & State  
ANTHONY, FL

4. FEI Number 59-1702635

Applied For  
Not Applicable

Zip 32617 Country USA

Zip 32617 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAXLEY, E.E.  
3100 NE 97TH ST. RD.  
ANTHONY FL 32617

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 \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete
NAME	BAXLEY, E. E.	
STREET ADDRESS	ROUTE 2, E. BURBANK ROAD	
CITY-ST-ZIP	ANTHONY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Eugene E. Bailey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)