

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524825

1. Entity Name

COLONIAL PAPER COMPANY, INC.

Principal Place of Business

3720 NE 33RD ST  
P.O. BOX 310 SILVER SPRINGS, FL 32688  
OCALA FL 34479  
US

Mailing Address

3720 NE 33RD ST  
P.O. BOX 310  
SILVER SPRINGS FL 34489  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1712436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, VIVIAN T  
3720 NE 33RD ST  
OCALA FL 34470

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 CD ☐ Delete  
NAME TUCK, WILLIAM H SR  
STREET ADDRESS 3720 NE 33RD ST  
CITY-ST-ZIP Ocala FL

TITLE PD ☐ Delete  
NAME TUCK, GAIL B  
STREET ADDRESS 3720 NE 33RD ST  
CITY-ST-ZIP Ocala FL

TITLE D ☐ Delete  
NAME PRICE, HUGH D  
STREET ADDRESS 3720 NE 33RD ST  
CITY-ST-ZIP Ocala, FL 00000

TITLE GMD ☐ Delete  
NAME TUCK, DAVID A.  
STREET ADDRESS 3720 NE 33RD ST  
CITY-ST-ZIP Ocala FL

TITLE STD ☐ Delete  
NAME PRICE, VIVIAN T  
STREET ADDRESS 3720 NE 33RD ST  
CITY-ST-ZIP Ocala FL

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  
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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

*Vivian T. Price* Vivian T. Price

Date

Daytime Phone #

3-29-01 352-622-4171

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90059 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)