

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604801

1. Entity Name

CLARK, JOHN T., CHARTERED FORESTERS

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90140 001 ***150.00

Principal Place of Business

Mailing Address

RT. 4, BOX 1223
P.O. BOX 650
QUINCY FL 32351

RT. 4, BOX 1223
P.O. BOX 650
QUINCY FL 32353-0650

2. Principal Place of Business

17816 BLUE STAR HWY

3. Mailing Address

P.O. BOX 650

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1499354

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPOONER, DELORES R.
HWY 90 WEST
QUINCY FL 32351

Name SAME

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

17816 BLUE STAR HIGHWAY

City SAME

FL

Zip Code SAME

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, 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 ST
STREET ADDRESS SPOONER, DELORES R.
CITY-ST-ZIP HWY 90 WEST
QUINCY FL

TITLE ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS 17816 BLUE STAR HIGHWAY
CITY-ST-ZIP SAME

TITLE ☐ Delete
NAME P
STREET ADDRESS KINNEY, NORM
CITY-ST-ZIP 993 S UNION
OZARK AL

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DELORES R. SPOONER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Waytime Phone #

DELORES R. SPOONER 4/18/00 850/275-4747

CR2E034 (9/99)