

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0014011

DOCUMENT # 761104

1. Entity Name

TREE PAC, INC.

04-06-2001 90023 037 ***500.00

Principal Place of Business

Mailing Address

C/ FLORIDA FORESTRY ASSOCIATION
 402 E. JEFFERSON STREET, P.O. BOX 1696
 TALLAHASSEE FL 32302

C/ FLORIDA FORESTRY ASSOCIATION
 402 E. JEFFERSON STREET, P.O. BOX 1696
 TALLAHASSEE FL 32302

768001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2141178

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

DORAN, JEFF
402 EAST JEFFERSON
TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	VOGEL, JOHN T.	
STREET ADDRESS	EAST DARBY ROAD	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COOK, WILLIAM K.	
STREET ADDRESS	RT. 1 BOX 1675	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, HAROLD	
STREET ADDRESS	RT. 1, BOX 666	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHETT, MARVIN	
STREET ADDRESS	1050 SE 6TH ST.	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN LOOCK, HARRY, J	
STREET ADDRESS	RT. 3, BOX 260	
CITY-ST-ZIP	PERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, BOB	
STREET ADDRESS	P.O. BOX 2249	
CITY-ST-ZIP	LAKE CITY FL 32056	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3.28.01

850.222.5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)