

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836255

1. Entity Name

TAMPA INTERNATIONAL FOREST PRODUCTS, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90061 031 \*\*\*150.00

Principal Place of Business

Mailing Address

401-EAST JACKSON ST  
SUITE 2800  
TAMPA FL 33602  
US

PO BOX 4209  
STE. 2800  
PORTLAND OR 97208-4209  
US

2. Principal Place of Business

3. Mailing Address

8001 Woodland Center Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33614

USA

4. FEI Number

31-0880923

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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  
NAME HARLEY, MICHAEL  
STREET ADDRESS 401-EAST JACKSON ST, STE. 2800  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 8001 Woodland Center Blvd #100  
CITY-ST-ZIP Tampa FL 33614

☒ Change ☐ Addition

TITLE VD  
NAME JUDY, JOHN  
STREET ADDRESS 10250 SW GREENBURG RD, SUITE 200  
CITY-ST-ZIP PORTLAND OR

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME RATNER, CHARLES  
STREET ADDRESS 10800 BROOKPARK ROAD  
CITY-ST-ZIP CLEVELAND OH

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME MILLER, SAM  
STREET ADDRESS 10800 BROOKPARK ROAD  
CITY-ST-ZIP CLEVELAND OH

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME NEIL, CARL R. (ASST)  
STREET ADDRESS 1300 SW 5TH STE. 3400  
CITY-ST-ZIP PORTLAND OR

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME TONNING, LOIS (ASST)  
STREET ADDRESS 10250 SW GREENBURG RD  
CITY-ST-ZIP PORTLAND OR

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

2/20/00

CR2E034 (9/99)