

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90052 013 \*\*\*158.75

**DOCUMENT # 846066**

1. Entity Name  
**SASSAFRAS COAL COMPANY**

Principal Place of Business  
**145 SE HWY 441**  
**OKEECHOBEE FL 34973**

Mailing Address  
**9 BARTLETT AVE**  
**ERLANGER KY 41018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**61-0568866**

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

**KELLY, HENRY C**  
**145 SE HWY 441**  
**OKEECHOBEE FL 34973**

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, 2002 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 **P**  
 STREET ADDRESS **KELLY, HENRY C**  
 CITY-ST-ZIP **P.O. BOX 176, RTC-170A**  
**OKEECHOBEE FL 34973**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **KELLY, BETTY J**  
 CITY-ST-ZIP **P.O. BOX 176, RTC-170A**  
**OKEECHOBEE FL 34973**

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

TITLE ☐ Delete  
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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; that the registered agent 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 information empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment Document # 846066/609438 SEt 1/12/02

Form **7004**

(Rev. October 2000)

**Application for Automatic Extension of Time  
To File Corporation Income Tax Return**

OMB No. 1545-0233

Department of the Treasury  
Internal Revenue Service

Name of corporation

**SASSAFRAS COAL CO., INC.**

Employer identification number

**61-0568866**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

**9 BARTLETT AVENUE**

City or town, state, and ZIP code

**ERLANGER, KY 41018**

Check type of return to be filed:

☐ Form 990-C

☒ Form 1120

☐ Form 1120-A

☐ Form 1120-F

☐ Form 1120-FSC

☐ Form 1120-H

☐ Form 1120-L

☐ Form 1120-ND

☐ Form 1120-PC

☐ Form 1120-POL

☐ Form 1120-REIT

☐ Form 1120-RIC

☐ Form 1120S

☐ Form 1120-SF

- Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the  
United States ☐

**1 Request for Automatic Extension (see instructions)**

**a Extension date:** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time

until 7/15, 20 02, to file the income tax return of the corporation named above for ☐ calendar

year 20 01 or ☒ tax year beginning 11/01, 2000, and ending 10/31, 20 01

**b Short tax year.** If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

☐ Consolidated return to be filed

**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

**3 Tentative tax (see instructions)** ..... **3** **0**

**4 Payments and refundable credits: (see instructions)**

**a Overpayment credited from prior year** ..... **4a**

**b Estimated tax payments for the tax year** ..... **4b**

**c Less refund for the tax year applied for on Form 4466** ..... **4c** ( ) **Bal**

**4d** **0**

**e Credit for tax paid on undistributed capital gains (Form 2439)** ..... **4e**

**f Credit for Federal tax on fuels (Form 4136)** ..... **4f**

**5 Total. Add lines 4d through 4f (see instructions)** ..... **5** **0**

**6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal**

**Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)** ..... **6** **0**

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)