

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001211**

1. Entity Name

DEEP FOREST TIMBER CO., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4240 LAKESIDE DRIVE
JACKSONVILLE FL 32210**

Mailing Address

**4240 LAKESIDE DRIVE
JACKSONVILLE FL 32210-3306**

2. Principal Place of Business

1548 Lancaster Terr

3. Mailing Address

1548 Lancaster Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3447986

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

**PURCELL, THOMAS K
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204**

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. Capital Contributions
as Shown on record.

\$15,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000047728**
NAME **DEEP FOREST TIMBER CO., INC.**
STREET ADDRESS **4240 LAKESIDE DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1548 Lancaster Terrace**
CITY - ST - ZIP **Jacksonville, FL 32204**

DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

4/17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #