

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90146 001 *1,500.00

DOCUMENT # F00000001523

1. Entity Name

DUDLEY SAWMILL CORPORATION

Principal Place of Business

**3823 OWENS ROAD
YULEE FL 32097**

Mailing Address

**3823 OWENS ROAD
YULEE FL 32097**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-4040455

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, WILLIAM H
WHITE OAK PLANTATION
3823 OWENS ROAD
YULEE FL 32097**

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. 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	BERGREEN, BERNARD D	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM H	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOODY, NATALIE P	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROPPER, STEPHEN W	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOD, BEN	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARRETT, VICTOR	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)