

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004460

1. Entity Name

CONBULK STEVEDORING & TERMINAL SERVICES, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90077 012 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 2253  
SAVANNAH GA 31402

P.O. BOX 2253  
SAVANNAH GA 31402-2253

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 58-2063230

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

SCHULER, ROBERT  
5051 PROPELLER DRIVE  
JACKSONVILLE FL 32206

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32236

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 *Robert C Schuler*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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 C  
NAME PEEPLES, FRANK K  
STREET ADDRESS 6001 CHATHAM CENTER DRIVE, SUITE 350  
CITY-ST-ZIP SAVANNAH GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 31405 ☐ Change ☒ Addition

TITLE P  
NAME MAYFIELD, E. GAY  
STREET ADDRESS 6001 CHATHAM CENTER DRIVE, SUITE 350  
CITY-ST-ZIP SAVANNAH GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 31405 ☐ Change ☒ Addition

TITLE S  
NAME STROUSE, DEBRA M  
STREET ADDRESS 6001 CHATHAM CENTER DRIVE, SUITE 350  
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete

TITLE S  
NAME Ann D. Cox  
STREET ADDRESS 6001 Chatham Ctr. Dr. Ste 350  
CITY-ST-ZIP Savannah, GA 31405 ☒ Change ☐ Addition

TITLE VT  
NAME BENTON, JOHN R JR  
STREET ADDRESS 6001 CHATHAM CENTER DRIVE, SUITE 350  
CITY-ST-ZIP SAVANNAH GA 31405 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Ann P. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

(912)239-1331

Date

Daytime Phone #

CR2E034 19/99