

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005451**

1. Entity Name

RAYONIER PRODUCTS AND FINANCIAL SERVICES COMPANY**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90369 010 ***150.00

Principal Place of Business

**31 SOUTH FOURTH STREET
FERNANDINA BEACH FL 32035-0723**

Mailing Address

**31 SOUTH FOURTH STREET
FERNANDINA BEACH FL 32035-0723**

2. Principal Place of Business

1901 Island Walkway

3. Mailing Address

1901 Island Walkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

4. FEI Number

51-0340389

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **PD** ☐ Delete
NAME **NUTTER, W. LEE**
STREET ADDRESS **50 N. LAURA ST. 19TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **V** ☐ Delete
NAME **POLLACK, GERALD J**
STREET ADDRESS **50 N. LAURA ST., 19TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **T** ☐ Delete
NAME **AUGUSTE, MACDONALD**
STREET ADDRESS **50 N. LAURA ST., 19TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **S** ☐ Delete
NAME **FRAZIER, W. E III**
STREET ADDRESS **50 N. LAURA ST., 19TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **DV** ☐ Delete
NAME **ERICKSEN, WILLIAM D**
STREET ADDRESS **FOUR NORTH SECOND STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**TITLE **C** ☐ Delete
NAME **AVERY, JIMMY B**
STREET ADDRESS **FOUR NORTH SECOND STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1901 Island Walkway**
CITY-ST-ZIP **Fernandina Beach, FL 32034**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1901 Island Walkway**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

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: **W. E. Frazier, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-357-9179

Daytime Phone #

CR2E034 (9/01)