

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90110 043 \*\*\*150.00

**DOCUMENT # F99000001402**

1. Entity Name

**FORESTRY & LAND RESOURCE CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

**144 E. BROAD STREET SUITE 5  
EUFAULA AL 36027**

**144 E. BROAD STREET SUITE 5  
EUFAULA AL 36027**

2. Principal Place of Business

3. Mailing Address

**6717 Trapper Way**

**6717 Trapper Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Midland, GA**

City & State

**Midland, GA**

Zip

**31820**

Country

**USA**

Zip

**31820**

Country

**USA**

4. FEI Number

**59-2917742**

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

**HEIMERDINGER, DERIK  
6802 NW 43RD PLACE  
GAINESVILLE FL 32605**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CE  
O'BRIEN, EDWARD L  
164 TREVINO DR.  
SAM RAYBURN TX 75951** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCVP  
WILLIAMS, F. LEWIS  
2721 FARMINGTON PLACE  
LYNCHBURG VA 24503** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1407 Live OAK  
Lufkin, TX 75904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KLETO, PETE T  
144 E. BROAD STREET SUITE 5  
EUFAULA AL 36027** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**6717 Trapper Way  
Midland, GA 31820**

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

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: Pete T. Kleto **Pete T. Kleto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

706/568-3944

Daytime Phone #

CR2E034 (10/00)