

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # F99000005434

1. Entity Name

RAYONIER TIMBERLANDS MANAGEMENT, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-18-2000 90112 001 ***900.00

Principal Place of Business

Mailing Address

1177 SUMMER STREET
STAMFORD CT 06905

1177 SUMMER STREET
STAMFORD CT 06905-5572

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

06-1560877

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

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

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, 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 PD ☐ Delete
NAME NUTTER, W. LEE
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06905

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

TITLE VD ☐ Delete
NAME BERRY, WILLIAM S
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06905

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

TITLE VD ☐ Delete
NAME POLLACK, GERALD J
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06905

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

TITLE V ☐ Delete
NAME ERICKSEN, WILLIAM D
STREET ADDRESS 2 NORTH 2ND STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE V ☐ Delete
NAME MUNRO, GRANT J
STREET ADDRESS 18000 INTERNATIONAL BLVD
CITY-ST-ZIP SEATAC WA 98188

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

TITLE CON ☐ Delete
NAME KAY, GEORGE C
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06905

TITLE ☐ Change ☐ 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)(j), 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:

M. Auguste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)