

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77973

1. Entity Name

SUWANNEE RIVER LAND COMPANY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90058 027 ***150.00

Principal Place of Business	Mailing Address
MICHAEL H. HARRELL E. HOWARD STREET OAK FL 32060	C/O MICHAEL H. HARRELL 111 E. HOWARD STREET LIVE OAK FL 32060-3206

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2519038		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRELL, MICHAEL H. 111 E. HOWARD STREET LIVE OAK FL 32060		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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	CRAPPS, DANIEL	NAME	
STREET ADDRESS	ROUTE 13, BOX 1154-C	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	HARRELL, MICHAEL H.	NAME	
STREET ADDRESS	111 E. HOWARD ST.	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MICHAEL H. HARRELL 4-10-00 904362-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)