

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92639

1. Entity Name  
TIMBERLINE CONSTRUCTION OF LAKE COUNTY, INC.

Principal Place of Business  
506 NORTH DIXIE AVENUE  
P. O. BOX 1124  
FRUITLAND PARK FL 34731  
US

Mailing Address  
PO BOX 1124  
FRUITLAND PARK FL 34731  
US

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 59-2661267

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

ARROWSMITH, SYDNEY D.  
4275 BLACK BASS CIRCLE  
PO BOX 114  
FRUITLAND PARK FL 34731

Name

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

5430 Magnolia Ridge Rd.  
P.O. Box 1114

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 VS  
NAME ARROWSMITH, JUDY L.  
STREET ADDRESS 34275 BLACK BASS CIRCLE  
CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5430 Magnolia Ridge Rd.  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME ARROWSMITH, SYDNEY D.  
STREET ADDRESS 34275 BLACK BASS CIRCLE  
CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5430 Magnolia Ridge Rd.  
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  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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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:

*Sydney D. Arrowsmith* Sydney D. Arrowsmith

4-19-01

Date

352-360-9785

Daytime Phone #

CR2E034 (10/00)