

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66083

1. Entity Name

AMERICAN PAPER & CHEMICAL COMPANY, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90299 003 \*\*\*150.00

Principal Place of Business

Mailing Address

435 EAST MADISON STREET  
P.O. BOX 1318  
STARKE FL 32091  
US

% LUCILE A. WHITEHEAD  
P.O. BOX 1318  
STARKE FL 32091  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2931653

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITEHEAD, LUCILE A.  
10501 N.W. 123TH ST  
LAKE BUTLER FL 32054

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  
DPTS  
WHITEHEAD, LUCILE A.  
~~RT-1, BOX 531~~ 10501 N.W. 123<sup>th</sup> ST.  
LAKE BUTLER FL 32054

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MANGUS, JAMES A.  
525 DOVE STREET  
KEYSTONE FL 32656

TITLE  
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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:

*Lucile A. Whitehead* Lucile A Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4-15-01 904 964 4092

CR2E034 (10/00)