

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**  
 02-07-2000 90010 019 \*\*\*150.00

**DOCUMENT # L19759**  
 1. Entity Name  
**BUCKHORN TIMBER & RESOURCE CORP.**

Principal Place of Business C/O MIKE GRANDEY P O BOX 670 APOPKA FL 32704	Mailing Address C/O MIKE GRANDEY P O BOX 670 APOPKA FL 32704-0670
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-3024923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRANDEY, MIKE**  
**777 SOUTH PARK AVENUE**  
**APOPKA FL 32703**

**7. Name and Address of New Registered Agent**

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.

**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHIGHAM, PHILLIP OWEN</b>	
STREET ADDRESS	<b>2060 KELLY PARK RD</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, ROBERT KIM</b>	
STREET ADDRESS	<b>1664 W. ORANGE BLOSSOM TR</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPOON, D. WAYNE</b>	
STREET ADDRESS	<b>804 E. PEARL ST</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, RICHARD ALAN</b>	
STREET ADDRESS	<b>2714 CLOUDCROFT DR</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRANDEY, MIKE</b>	
STREET ADDRESS	<b>777 S PARK AVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ORANGE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>GRANDEY</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 R. ...* **2-1-00** **407-889-4147**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #