

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L23924**

1. Entity Name

WEST FLORIDA TIMBER, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90011 042 ***150.00

Principal Place of Business

**1896 SAWMILL ROAD
MILLIGAN FL 32537**

Mailing Address

**100 RAILROAD ST. MILLIGAN, FL 32537
% TIMOTHY C. FLEMING, P.O. BOX 837
CRESTVIEW FL 32536**

80013409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 119

Suite, Apt. #, etc.

City & State

Milligan, Florida 32537

Zip

Country

4. FEI Number

59-2973164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLEMING, TIMOTHY CLARENCE
100 RAILROAD STREET
MILLIGAN FL 32537**

7. Name and Address of New Registered Agent

Name

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

4757 Antioch Road

City

Crestview

FL

Zip Code
32536

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, DANIEL HARVEY	
STREET ADDRESS	1003 ENZOR ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLEMING, TIMOTHY C.	
STREET ADDRESS	4757 ANTIOCH ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, NELDA M.	
STREET ADDRESS	4757 ANTIOCH ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelda Fleming	
STREET ADDRESS	4757 Antioch Road	
CITY-ST-ZIP	Crestview, Florida 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Malda F. Gay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4801 Arena Road	
STREET ADDRESS	Crestview, Florida 32536	
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		
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 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:

Nelda Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 850-682-2864