

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90038 010 ****55.00

DOCUMENT # L95000000064

1. Entity Name

GATOR LOGGING COMPANY, L.C.

Principal Place of Business

**1526 HIGHWAY 17, NORTH
BOSTWICK FL 32007**

Mailing Address

**POST OFFICE BOX 75
BOSTWICK FL 32007**

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

59-3287092

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, KELLEY R
1526 HIGHWAY 17, NORTH
BOSTWICK FL 32007**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SMITH, KELLEY R
POST OFFICE BOX 75 N/A
BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
SMITH, M J
POST OFFICE BOX 75 N/A
BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
BROWNING, SAMUEL S IV
P.O. BOX 75, HWY. 17 NORTH
BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
SMITH, TROY K
P.O. BOX 75, HWY. 17 NORTH
BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
BROWNING, CASSANDRA M
PO BOX 75, HWY. 17 NORTH
BOSTWICK FL 32007**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kelley R Smith
Kelley R Smith

2-25-02 (386)328-6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)