

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000802
 1. Entity Name
A & S TIMBER PROPERTIES, L.C.

FILED
 00 FEB -3 PM 4:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 601 ST. JOHNS AVENUE 601 ST. JOHNS AVENUE
 PALATKA FL 32177 PALATKA FL 32177-4643

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 Applied For
59-3341519 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, TITO S
601 ST. JOHNS AVENUE
PALATKA FL 32177

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MEM SMITH, TITO S STREET ADDRESS 601 ST. JOHNS AVENUE CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME MEM SMITH, KELLEY JR. STREET ADDRESS RTE. 2, BOX 1746 CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME MEM ALFORD, CHARLES E SR. STREET ADDRESS RTE. 1, BOX 2000 CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME MEM ALFORD, BRYANT T STREET ADDRESS RTE. 1, BOX 2000 CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME MEM ALFORD, CHARLES E JR. STREET ADDRESS RTE. 1, BOX 2000 CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME MEM CLAPP, KATHRYN A STREET ADDRESS RTE. 1, BOX 2000 CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME MEM SMITH, KELLEY R. STREET ADDRESS P. O. Box 75 CITY-ST-ZIP Bostwick, FL 32007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM SMITH, KELLEY R. STREET ADDRESS P. O. Box 75 CITY-ST-ZIP Bostwick, FL 32007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM SMITH, KELLEY R. STREET ADDRESS P. O. Box 75 CITY-ST-ZIP Bostwick, FL 32007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MEM SMITH, KELLEY R. STREET ADDRESS P. O. Box 75 CITY-ST-ZIP Bostwick, FL 32007	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tito S. Smith* Date: *1/10/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (9/99)