

2001 UNIFORM BUSINESS REPORT (UBR)

0024798 -AF

DOCUMENT # L95000000802

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

FILED

01 FEB 14 PM 3:50

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**

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 **59-3341519** Applied For
 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	<input type="checkbox"/> Delete
STREET ADDRESS	601 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	MEM SMITH, KELLEY JR.	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 75	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE NAME	MEM ALFORD, CHARLES E SR.	<input type="checkbox"/> Delete
STREET ADDRESS	RTE. 1, BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	MEM ALFORD, BRYANT T	<input type="checkbox"/> Delete
STREET ADDRESS	RTE. 1, BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	MEM ALFORD, CHARLES E JR.	<input type="checkbox"/> Delete
STREET ADDRESS	RTE. 1, BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	MEM CLAPP, KATHRYN A	<input type="checkbox"/> Delete
STREET ADDRESS	RTE. 1, BOX 2000	
CITY-ST-ZIP	PALATKA FL 32177	

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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*******50.00 *****50.00**

[Handwritten Signature]

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: _____ **SIGNATURE REQUIRED** Date **2/12/01** Daytime Phone # _____

CR2E083 (11/00)