

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000119

1. Entity Name

SANTA ROSA TIMBER, L.C.

FILED

00 JAN 20 PM 4: 24

Principal Place of Business

HWY 90 E
HAROLD FL 32563

Mailing Address

P O BOX 451
MILTON FL 32572-0451

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3431466

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, ERNEST L
HWY 90 E
HAROLD FL 32563

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILLIPS, ERNEST L
HWY 90 E
HAROLD FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003111820--1
-01/26/00--01110--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILLIPS, JOANN M
HWY 90 E
HAROLD FL 32563 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

Ernest L Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

ERNEST L PHILLIPS

1-17-00

850-6234211
Date Daytime Phone #