

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90371 015 ****50.00

DOCUMENT # M00000002147

1. Entity Name

SOUTHERN TIMBER VENTURE, LLC

Principal Place of Business

Mailing Address

188 EAST CAPITOL STREET, SUITE 1375
ONE JACKSON PLACE
JACKSON MS 39201

188 EAST CAPITOL STREET, SUITE 1375
ONE JACKSON PLACE
JACKSON MS 39201

2. Principal Place of Business

1300 Meadowbrook Rd.

3. Mailing Address

P.O. Box 5327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

Jackson, MS

City & State

Jackson, MS

Zip

39211

Country

US

Zip

39296-5327

Country

US

4. FEI Number 64-0931203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VAN DEVENDER, WILLIAM J
188 EAST CAPITOL STREET, SUITE 1375
JACKSON MS 39201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1300 Meadowbrook Rd., Suite 202
Jackson, MS 39211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

William J. Van Devender

1/10/02

(601) 982-8728

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

Date

Daytime Phone #

CR2E083 (4/02)