

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90047 043 \*\*\*\*61.25

**DOCUMENT # N93000001875**

1. Entity Name

**THE FOREST MANAGEMENT TRUST, INC.**

Principal Place of Business

Mailing Address

**6124 SW 30 AVENUE  
 GAINESVILLE FL 32608**

**6124 SW 30 AVENUE  
 GAINESVILLE FL 32608-2120**

**538558**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3102372**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKINSON, JOSHUA C III  
 6124 SW 30 AVENUE  
 GAINESVILLE FL 32608**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **DICKINSON, JOSHUA C III**  
 STREET ADDRESS **6124 SW 30 AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **GHOLZ, HENRY L**  
 STREET ADDRESS **P.O. BOX 110420**  
 CITY-ST-ZIP **GAINESVILLE FL 32611-0420**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **PUTZ, FRANCES E**  
 STREET ADDRESS **DEPT OF BOTANY, UNIVERSITY OF FLORIDA**  
 CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GIBSON, DAVID C.,**  
 STREET ADDRESS **8512 W. OAK PLACE**  
 CITY-ST-ZIP **VIENNA VA**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BERNER, PIERRE O.,**  
 STREET ADDRESS **3540 SW ARCHER RD #157**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WILSON, THOMAS E.**  
 STREET ADDRESS **P.O. BOX 38282**  
 CITY-ST-ZIP **GERMANTOWN TN 38183**

TITLE ☐ Change ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joshua C. Dickinson III* 1/19/00 843 224