

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001875

1. Entity Name

THE FOREST MANAGEMENT TRUST, INC.

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90030 047 \*\*\*61.25

0002835

Principal Place of Business

6124 SW 30 AVENUE  
 GAINESVILLE FL 32608

Mailing Address

6124 SW 30 AVENUE  
 GAINESVILLE FL 32608

C0075954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Building 107 Mowry Rd

Suite, Apt. #, etc.

University of Florida

City & State  
 Gainesville, FL

Zip  
 32611

Country  
 Alachua

3. Mailing Address

PO Box 110760

Suite, Apt. #, etc.

City & State  
 Gainesville, FL

Zip  
 32611

Country  
 Alachua

4. FEI Number 59-3102372

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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

*Joshua C Dickinson*

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  
 After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKINSON, JOSHUA C III 6124 SW 30 AVE GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GHOLZ, HENRY L P.O. BOX 110420 GAINESVILLE FL 32611-0420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUTZ, FRANCES E DEPT OF BOTANY, UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, DAVID C., 8512 W. OAK PLACE VIENNA VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNER, PIERRE O., 3540 SW ARCHER RD #157 GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, THOMAS E. P.O. BOX 38282 GERMANTOWN TN 38183	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Ankersen 1626 NW 11th Rd Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marianne Schmink Univ. of Florida 301 Grinter Hall Gainesville, FL 32611	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joshua C Dickinson*

7/16/01 (352) 377-2377

CR2E037 (5/01)