2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N93000001875** Feb 11, 2002 8:00 am 1. Entity Name **Secretary of State** THE FOREST MANAGEMENT TRUST, INC. 02-11-2002 90219 012 ****61.25 Principal Place of Business Mailing Address P O BOX 110¥760 BUILDING 107 MOWRY RD UNIVERSITY OF FLORIDA GAINESVILLE FL 32611 GAINESVILLE FL 32611 2. Principal Place of Business 3. Mailing Address <u> Ро Вох 11</u>0760 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3102372 Gainesulle Not Applicable Country OSA \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 32611 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DICKINSON, JOSHUA C III 6124 SW 30 AVENUE GAINESVILLE FL 32608 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered gent, 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/6)Addition Change . ☐ Delete TITLE DICKINSON, JOSHUAC. III 6124 SW ZORNE DICKINSON, JOSHUA C III NAME 6124 SW 30 AVE STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-7IP Gainesvilla 32608

10. -TITLE NAME 🥆 STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GHOLZ, HENRY L NAME GHOLZ, HENRY P.O. BOX 110420 STREET ADDRESS STREET ADDRESS Po Box 110420 GAINESVILLE FL 32611-0420 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32611-0420 STD KI Change ☐ Addition ☐ Delete -TITLE ---PUTZ, FRANCES E FRANCES NAME NAME Dept of Botany DEPT OF BOTANY, UNIVERSITY OF FLORIDA STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32611 CITY-ST-ZIP Gainesville, FL' CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE GIBSON, DAVID C., NAME NAME 8512 W. OAK PLACE STREET ADDRESS STREET ADDRESS VIENNA VA CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change BERNER, PIERRE O., Schmink, Marianne NAME NAME 3540 SW ARCHER RD #157 913-NW-20-Terrace STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 Gainesville, FL 32603 CITY-ST-ZIP CITY-ST-ZIP TITLE **Change** ☐ Addition TITLE ☐ Delete WILSON, THOMAS E. NILSON THOMAS E. Po Box 38282 NAME NAME P.O. BOX 38282 STREET ADDRESS STREET ADDRESS **GERMANTOWN TN 38183** CITY-ST-ZIP CITY-ST-ZIP <u>Germantown TN 38183</u>

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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as recuired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or vered to execute changed, or on an attachment wit

SIGNATURE:

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