2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90219 012 ****61.25

DOCUMENT # N93000001875

1. Entity Name

THE FOREST MANAGEMENT TRUST, INC.

Principal Place of Business	Mailing Address
BUILDING 107 MOWRY RD UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	P O BOX 110760 GAINESVILLE FL 32611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 110760 Suite, Apt. #, etc.
City & State	City & State: Gainesville FL
Zip / Country	Zip: 32611 / Country: USA

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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DICKINSON, JOSHUA C III 6124 SW 30 AVE GAINESVILLE FL 32608	☐ Delete	D Dickinson, Joshua C. III 6124 SW 30 Ave Gainesville, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GHOLZ, HENRY L P.O. BOX 110420 GAINESVILLE FL 32611-0420	☐ Delete	D GHOLZ, HENRY Po Box 110420 Gainesville, FL 32611-0420	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PUTZ, FRANCES E DEPT OF BOTANY, UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	☐ Delete	V/D PUTZ, FRANCES Dept of Botany, UF Gainesville, FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, DAVID C., 8512 W. OAK PLACE VIENNA VA	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNER, PIERRE O., 3540 SW ARCHER RD #157 GAINESVILLE FL 32608	☐ Delete	S/T/D Sehmink, Marianne 913 NW 20 Terrace Gainesville, FL 32603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, THOMAS E. P.O. BOX 38282 GERMANTOWN TN 38183	☐ Delete	P/D WILSON, THOMAS E. PO Box 38282 Germantown, TN 38183	☒ Change ☐ Addition

CR2E037 (9/01)

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 Dickinson 1/25/02 352-846-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #