

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000001875

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE FOREST MANAGEMENT TRUST, INC.

Current Principal Place of Business:

BUILDING 107 MOWRY RD
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611

New Principal Place of Business:

Current Mailing Address:

P O BOX 110760
GAINESVILLE, FL 32611

New Mailing Address:

FEI Number: 59-3102372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKINSON, JOSHUA C III
Address: 6124 SW 30 AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: GHOLZ, HENRY L
Address: P.O. BOX 110420
City-St-Zip: GAINESVILLE, FL 326110420

Title: VD () Delete
Name: PUTZ, FRANCES E
Address: DEPT OF BOTANY, UNIVERSITY OF FLORIDA
City-St-Zip: GAINESVILLE, FL 32611

Title: D () Delete
Name: GIBSON, DAVID C.,
Address: 8512 W. OAK PLACE
City-St-Zip: VIENNA, VA

Title: D () Delete
Name: BERNER, PIERRE O.,
Address: 3540 SW ARCHER RD #157
City-St-Zip: GAINESVILLE, FL 32608

Title: PD () Delete
Name: WILSON, THOMAS E.
Address: P.O. BOX 38282
City-St-Zip: GERMANTOWN, TN 38183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIBSON,, DAVID C
Address: 8512 W. OAK PLACE
City-St-Zip: VIENNA, VA

Title: D (X) Change () Addition
Name: BERNER,, PIERRE O.
Address: 3540 SW ARCHER RD #157
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA C. DICKINSON, III

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date

THOMAS T ANKERSEN, D
1626 NW 11TH ROAD
GAINESVILLE, FL 32605

MARIANNE C. SCHMINK, S/T
913 NW 20TH TERRACE
GAINESVILLE, FL 32603