

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003450

1. Entity Name

FLORIDA WOOD COUNCIL, INC.

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90015 033 ****61.25

Principal Place of Business

Mailing Address

1303 LIMIT AVE
MOUNT DORA FL 32757
US

PO BOX 1667
MT DORA FL 32756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3269612

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

SUMMERS, GARY L ESQ.
380 WEST ALFRED STREET
TAVARES FL 32778-3298

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 NOTTINGHAM, L C III
STREET ADDRESS 575 PHELPS STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE PD ☐ Change ☒ Addition
NAME Hunter, Rick
STREET ADDRESS 15 W. Holden Avenue
CITY-ST-ZIP ORLANDO, FL 32839-2900

TITLE PD ☒ Delete
NAME GATES, DICK
STREET ADDRESS 13001 N NEBRASKA AVENUE/P O BOX 17939
CITY-ST-ZIP TAMPA FL 33682

TITLE D ☐ Change ☒ Addition
NAME ED Dietrich
STREET ADDRESS P.O. Box 1170
CITY-ST-ZIP DEERFIELD BEACH, FL 33443

TITLE SD ☐ Delete
NAME DUNN, SAM
STREET ADDRESS 415 ORANGE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE SD ☐ Delete
NAME BAAB, CHARLIE
STREET ADDRESS 7751 BAYSHORE ROAD
CITY-ST-ZIP FORT MYERS FL 33917

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)