

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90053 047 ****61.25

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1. Entity Name

FLORIDA WOOD COUNCIL, INC.



Principal Place of Business

**1303 LIMIT AVE
MOUNT DORA FL 32757
US**

Mailing Address

**PO BOX 1667
MT DORA FL 32756
US**

90006853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3269612**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **HUNTER, RICK** ☐ Delete
STREET ADDRESS **75 W HOLDEN AVE**
CITY-ST-ZIP **ORLANDO FL 32839-2900**

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

TITLE **PD**
NAME **EDDIE, RICH** ☒ Delete
STREET ADDRESS **PO BOX 1170**
CITY-ST-ZIP **DERFIELD BEACH FL 33443**

TITLE **D**
NAME **Smart, Barry** ☐ Change ☒ Addition
STREET ADDRESS **5330 Pinkney Avenue**
CITY-ST-ZIP **SARASOTA, FL 34276**

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

TITLE **D**
NAME **Dietrich, E D** ☐ Change ☒ Addition
STREET ADDRESS **77 S.E. 2nd Avenue**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 Executive Director 1/16/03 3523830846

CR2E037 (10/02)