

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005544

1. Entity Name

THE AMERICAN BAST FIBER INSTITUTE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 15 AM 9:15

Principal Place of Business

Mailing Address

216 WEST COLLEGE AVENUE
SUITE 202
TALLAHASSEE FL 32301

216 WEST COLLEGE AVENUE
SUITE 202
TALLAHASSEE FL 32301-7737

2. Principal Place of Business

222 West Georgia St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1050
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL
Zip 32301 Country

City & State

Tallahassee, FL
Zip 32302 Country

4. FEI Number

59-3411870

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, A. EUGENE
216 WEST COLLEGE AVENUE
SUITE 201
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

222 West Georgia St.
Street Address (P.O. Box Number is Not Acceptable)

City

Tallahassee

FL

Zip Code

32301

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LEWIS, A. EUGENE P.O. BOX 1050 N/A TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, MARLOW V P.O. BOX 1050 N/A TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESHEARS, FRED H 765 E. WASHINGTON ST. MONTICELLO FL 32345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200003251922-3 -05/15/00--01024--019 *****558.75 *****81.25	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00
Date

850-425-5000
Daytime Phone #

CR2E037 (9/99)