

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90015 045 \*\*\*550.00

012858 AT

**DOCUMENT # P00000070669**

1. Entity Name  
**SOUTHERN TIMBER TRUCKING, INC.**

Principal Place of Business  
**P.O. BOX 833**  
**5151 N.E. 167TH COURT**  
**WILLISTON FL 32696**

Mailing Address  
**P.O. BOX 833**  
**5151 N.E. 167TH COURT**  
**WILLISTON FL 32696**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**P.O. Box 266**  
 Suite, Apt. #, etc.  
**147 N. Main ST.**  
 City & State  
**Williston, FL**  
 Zip  
**32696** Country  
**USA**

3. Mailing Address  
**P.O. Box 266**  
 Suite, Apt. #, etc.  
**147 N. Main ST.**  
 City & State  
**Williston, FL**  
 Zip  
**32696** Country  
**USA**

4. FEI Number  
**59-3659714** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BOREE, GREG**  
**705 N.W. 97TH TERR.**  
**GAINESVILLE FL 32607**

**7. Name and Address of New Registered Agent**

Name  
**Boree, Greg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2425 Hopkins ST.**  
 City  
**Orange Park** FL Zip Code  
**32073**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00 -**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOREE, GREG</b> <b>705 N.W. 7TH TERR.</b> <b>GAINESVILLE FL 32607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBER, JAY</b> <b>P.O. BOX 833</b> <b>WILLISTON FL 32695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBER, PAM</b> <b>P.O. BOX 833</b> <b>WILLISTON FL 32695</b>	<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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Boree, Greg</b> <b>2425 Hopkins ST.</b> <b>Orange Park, FL 32073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pam Huber **REQUIRE** Pam Huber  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/01 352-528-5261**  
 Date Daytime Phone #

CR2E034 (5/01)