

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90051 009 \*\*\*150.00

**DOCUMENT # P02568**

**1. Entity Name**  
**ALUMNI FOREST PRODUCTS, INC.**



**Principal Place of Business**  
**5401 KENDALL STREET**  
**P.O. BOX 67**  
**BOISE ID 83707**

**Mailing Address**  
**5401 KENDALL STREET**  
**P.O. BOX 67**  
**BOISE ID 83707**

**2. Principal Place of Business**

**1299 N. Orchard**  
**Suite 300**

**3. Mailing Address**

**1299 N. Orchard**  
**Suite 300**

**City & State**  
**Boise, ID**

**City & State**  
**Boise, ID**

**Zip**  
**83706**

**Country**  
**USA**

**Zip**  
**83706**

**Country**  
**USA**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **82-0330402**

**Applied For**  
**Not Applicable**

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

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

**MICHAEL JOHNSON**  
**ROUTE 17**  
**#839 HORIZON DRIVE**  
**LAKE CITY FL 32055**

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

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>KARR, GEORGE</b> <b>5401 KENDALL ST</b> <b>BOISE ID 83706</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>JOHNSON, MIKE</b> <b>5401 KENDALL ST</b> <b>BOISE ID 83706</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>ANDERSON, PAUL</b> <b>5401 KENDALL STREET</b> <b>BOISE ID</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>WILLIAMS, MARIANNE</b> <b>5401 KENDALL STREET</b> <b>BOISE ID</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ELLIS, TED</b> <b>5401 KENDALL ST</b> <b>BOISE ID 83706</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BEVERAGE, JACK</b> <b>5401 KENDALL ST</b> <b>BOISE ID 83706</b>	<input checked="" type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Statement Attached*

**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 607, 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:** *Bryant P. Rudd* **SIGNATURE REQUIRED** **Vice President**

**1-15-03** **208.377.3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment  
20016092

Alumni Forest Products, Inc.  
2003 Uniform Business Report - Document #P02568  
Block 11

Office	Name	Address	City	State	Zip
President & Director	Larry Williams	P.O. Box 67	Boise	ID	83707
Secretary & Director	Bryant Rudd	P.O. Box 67	Boise	ID	83707
Treasurer	Paul Anderson	P.O. Box 67	Boise	ID	83707
Director	Marianne Williams	P.O. Box 67	Boise	ID	83707
Director	Ted Ellis	P.O. Box 67	Boise	ID	83707
Director	Mike Johnson	P.O. Box 67	Boise	ID	83707
Director	George Karr	P.O. Box 67	Boise	ID	83707
Director	Jack Beverage	P.O. Box 67	Boise	ID	83707