

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90076 042 \*\*\*150.00

0687625 AT

**DOCUMENT # P04514**

1. Entity Name

**TIMBER ENERGY RESOURCES, INC.**

Principal Place of Business

**P O BOX 199  
HIGHWAY 65 SOUTH  
TELOGIA FL 32360**

Mailing Address

**P O BOX 199  
HIGHWAY 65 SOUTH  
TELOGIA FL 32360**

2. Principal Place of Business

3. Mailing Address

**901 Marquette Avenue**

Suite, Apt. #, etc.

**Suite 2300**

City & State

**Minneapolis MN**

Zip

Country

**55402-3265 U.S.**

4. FEI Number

**76-0129846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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	PSD	<input checked="" type="checkbox"/> Delete
NAME	CASELLA, JOHN W	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND VT 05710	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASELLA, DOUGLAS R	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND VT 05710	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOHLIG, JAMES W	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND VT 05710	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CIFOR, JERRY S	
STREET ADDRESS	25 GREENS HILL LANE	
CITY-ST-ZIP	RUTLAND VT 05710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Tritz	
STREET ADDRESS	8585 W. 78th St., Suite 240	
CITY-ST-ZIP	Bloomington MN 55438	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas R. Walker	
STREET ADDRESS	901 Marquette Ave, Suite 2300	
CITY-ST-ZIP	Minneapolis MN 55402-3265	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian B. Bird	
STREET ADDRESS	901 Marquette Ave, Suite 2300	
CITY-ST-ZIP	Minneapolis MN 55402-3265	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammie S. Pfack	
STREET ADDRESS	901 Marquette Ave, Suite 2300	
CITY-ST-ZIP	Minneapolis MN 55402-3265	
TITLE	Assistant S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn J. Osteraas	
STREET ADDRESS	901 Marquette Ave, Suite 2300	
CITY-ST-ZIP	Minneapolis MN 55402-3265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kathryn J. Osteraas** **Kathryn J. Osteraas** **3/25/02** **612-373-5302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)