

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31360

1. Entity Name

THE FOREST CORPORATION OF TENNESSEE

Principal Place of Business

ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131

Mailing Address

8401 NW 70TH STREET
MIAMI FL 33166-2638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1368827

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

COPROLITE CORPORATION
1400-A AMERIFIRST BUILDING
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131

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, 2000 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 PTD ☐ Delete
NAME MOOTZ, JURGEN
STREET ADDRESS 1011 GADD RD APT 605
CITY-ST-ZIP HIXSON TN

TITLE V ☐ Delete
NAME BLASS, STEPHEN A.
STREET ADDRESS 1 S.E. 3RD AVE., #1400
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME BORCHERS, GERHARD
STREET ADDRESS 128 BROOKLN ST APT 2R
CITY-ST-ZIP NORTH ADAMS MA 01247

TITLE T ☐ Delete
NAME BORCHERS, B FRIEDRICH E
STREET ADDRESS AVE 3F 67-56 APT 1-A
CITY-ST-ZIP MARACAIBO ZU

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature REQUIRED

JANUARY 14TH., 2.000 (305)592 - 9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #