

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90098 023 \*\*\*150.00

**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  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1368827**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOOTZ, JURGEN	
STREET ADDRESS	1011 GADD RD APT 605	
CITY-ST-ZIP	HIXSON TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLASS, STEPHEN A.	
STREET ADDRESS	1 S.E. 3RD AVE., #1400	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BORCHERS, GERHARD	
STREET ADDRESS	115 WEST PARK CIRCLE	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORCHERS, B FRIEDRICH E	
STREET ADDRESS	AVE 3F 67-56 APT 1-A	
CITY-ST-ZIP	MARACAIBO ZU	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	PAULETTE C. GRIGGS	
STREET ADDRESS	32 COURSEVIEW ROAD	
CITY-ST-ZIP	BRONXVILLE, NEW YORK NY 10708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Friedrich Borchers* **FRIEDRICH BORCHERS** Jan 28th., 2.003 (305)592-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)