

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043115

1. Entity Name

MT. ST. HELENS EVERGREENS, INC.

Principal Place of Business

3830 MARSH ROAD  
DELAND FL 32724

Mailing Address

3830 MARSH ROAD  
DELAND FL 32724-9704

2. Principal Place of Business

193 MILL CREEK RD

3. Mailing Address

193 MILL CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SHELTON, WA

City & State

SHELTON, WA

Zip

98584

Country

USA

Zip

98584

Country

USA

4. FEI Number

59-3250932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, KATHLEEN L  
3830 MARSH ROAD  
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

JAMES H. DREGGORS

Street Address (P.O. Box Number is Not Acceptable)

1006 N. WOODLANDS BLVD

SUITE A

City

DELAND

FL

Zip Code

32720

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

JAMES H. DREGGORS

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

(NOTE: Registered Agent signature required when reinstating)

3/10/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, KATHLEEN L	
STREET ADDRESS	3830 MARSH ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	SHIPES, JOE WYNN	
STREET ADDRESS	475 EVERNANT ST	
CITY-ST-ZIP	VMATILLA FL 32784	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EVELAND, RAYMOND	
STREET ADDRESS	195 MILL CREEK RD	
CITY-ST-ZIP	SHELTON WA	
TITLE	AST	<input type="checkbox"/> Delete
NAME	EVELAND, JANET	
STREET ADDRESS	195 MILL CREEK RD	
CITY-ST-ZIP	SHELTON WA	
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		<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	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND EVELAND	
STREET ADDRESS	195 MILL CREEK RD	
CITY-ST-ZIP	SHELTON WA	
TITLE	V S T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET EVELAND	
STREET ADDRESS	195 MILL CREEK RD	
CITY-ST-ZIP	SHELTON WA	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond L. Eveland

Date

Daytime Phone #

FILED  
Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90001 024 \*\*\*150.00

60041377



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)