

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092111

1. Entity Name
BIG BEND TIMBER COMPANY, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90011 016 ***550.00

Principal Place of Business
7819 W CIRCLE 108
HILLIARD FL 32046
US

Mailing Address
BIG BEND TIMBER CO. INC.
P.O. BOX 1029
HILLIARD FL 32046
US

2. Principal Place of Business
7819 W County Rd. 108

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hilliard 71

City & State

Zip
32046

Country
US

Zip

Country

4. FEI Number 59-3296639

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

CONNER, JAMES L
7819 W CIRCLE 108
HILLIARD FL 32046

Name
Street Address (P.O. Box Number is Not Acceptable)
7819 W. County Rd. 108
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 James L. Conner 9-6-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, JAMES L P O BOX 1029-7819 W CR 108 HILLIARD FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, WANDA H P O BOX 1029-7819 W CR 108 HILLIARD FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James L. Conner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00 904)845-7998
Date Daytime Phone #

CR2E034 (5/00)