

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062318

1. Entity Name

KOON'S TIMBER & LUMBER CO., INC.

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90159 040 \*\*\*550.00

Principal Place of Business

KOON HOLLOW ROAD  
FORT WHITE FL 32038  
US

Mailing Address

PO BOX 280  
FT WHITE FL 32308  
US

2. Principal Place of Business

1717 SE Santa Fe Blvd

3. Mailing Address

1717 SE Santa Fe Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

High Springs, FL

Zip

32643

Country

USA

Zip

32643

Country

USA

4. FEI Number

59-3391820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DECKER, ANDREW J III  
320 WHITE AVE  
LIVE OAK FL 32060

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 \$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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KOON, WILLIAM D JR  
CITY-ST-ZIP P O BOX 340 N/A  
FORT WHITE FL 32038

TITLE ☐ Delete  
NAME O  
STREET ADDRESS KOON, SHARON L  
CITY-ST-ZIP PO BOX 340  
FORT WHITE FL 32038

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19  
Date

904-454-3330  
Daytime Phone #

CR2E034 (5/00)