

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000069122**

1. Entity Name

SANTA ROSA FOREST PRODUCTS, INC.

Principal Place of Business

**351 BECK'S LAKE ROAD
CANTONMENT FL 32533**

Mailing Address

**P O BOX 81
CANTONMENT FL 32533-0081**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**TAYLOR, JIMMY
351 BECK'S LAKE ROAD
CANTONMENT FL 32533**

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 \$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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JIMMY	
STREET ADDRESS	2350 COUNTRY PLACE CIR	
CITY-ST-ZIP	PENSACOLA FL 32533	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TAYLOR, JACK ALLEN	
STREET ADDRESS	952 CANDLESTICK COURT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREXLER, ROBERT L.	
STREET ADDRESS	143 WOODHAVEN	
CITY-ST-ZIP	SEABROOK TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORR, THOMAS E.	
STREET ADDRESS	271 MONTE VISTA RD.	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARGE, HOLLIS R.	
STREET ADDRESS	RT 4 BOX 165	
CITY-ST-ZIP	TOWN CREEK AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THRASH, THOMAS L.	
STREET ADDRESS	15 MONTE VISTA RD.	
CITY-ST-ZIP	ASHEVILLE NC	

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		<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		

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

1-7-00

Date

850-968-1504

Daytime Phone #

FILED**Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90011 031 ***150.00

00003370



DO NOT WRITE IN THIS SPACE