## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # **P97000001944** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name GILLMAN TIMBER CORPORATION 04-20-2000 90039 021 \*\*\*150.00 Principal Place of Business Mailing Address RT 2 BOX 116 RT 2 BOX 116 WESTVILLE FL 32464 WESTVILLE FL 32464 3. Mailing Address 2. Principal Place of Business <u>৯।४১</u> <u> 185</u> N NHIS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3440606 FL Westville Not Applicable WesTuille \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 32464 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent B. Gillman GILLMAN, GREGORY B Street Address (P.O. Box Number is Not Acceptable) RT 2 BOX 116 WESTVILLE FL 32464 City Westville 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. (NOTE: Registered Agent signature required when reinstating) nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE GREGORY B GILLMAN 2187 N Huy 81 Westville FL 32 GILLMAN, GREGORY B NAME NAME STREET ADDRESS STREET ADDRESS RT 2 BOX 116 CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL 32464 Change ☐ Addition Delete TITLE TITLE NAME GILLMAN, CARL NAME STREET ADDRESS STREET ADDRESS RT 2 BOX 116 CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL 32464 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4-10-00

850-956-2460

Daytime Phone #