

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90042 024 \*\*\*150.00

DOCUMENT # **P976000 48706**  
 1. Entity Name  
**Providence Plantation Company**

Principal Place of Business Mailing Address  
**P.O. BOX 558** **P.O. BOX 558**  
**4489 ASHVILLE HWY** **MONTICELLO, FL**  
**MONTICELLO, FL 32345** **32345**

2. Principal Place of Business 3. Mailing Address  
**4489 ASHVILLE HWY** **P.O. BOX 558**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MONTICELLO, FL** **MONTICELLO, FL**  
 Zip Country Zip Country  
**32345** **USA** **32345** **USA**

4. FEI Number Applied For  
**593451463** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**B. LARRY SMITH**  
**538 FIRST AVE. N.**  
**ST. PETERSBURG, FL 33701**

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 \_\_\_\_\_ (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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Keith M. Wand** **4/20/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

## DOCUMENT #

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Mailing Address

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4489 ASHVILLE HWY  
MONTICELLO, FL 32345P.O. BOX 558  
MONTICELLO, FL  
32345

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4489 ASHVILLE HWY

3. Mailing Address

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Suite, Apt. #, etc.

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City &amp; State

MONTICELLO, FL

City &amp; State

MONTICELLO, FL

Zip

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Country

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FL

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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(See criteria on back)☒FILE NOW!!! FEE IS \$150.00  
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Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KEITH M. WAND  
DIRECTOR  
Rt 2 BOX 33C  
MONTICELLO, FL 32344☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TERESA WAND  
DIRECTOR  
Rt 2 BOX 33C  
MONTICELLO, FL 32344☐ DeleteTITLE  
NAME  
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CITY - ST - ZIP☐ DeleteTITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Attachment

Copy

#D9700048706  
D0046383

DO NOT WRITE IN THIS SPACE

4/20/01