

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000082995**

1. Entity Name

NORTHERN LAND & TIMBER COMPANY



FILED

03 MAR 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 South 5th Street

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc.

City & State

Mackennay, FLA

City & State

Zip

32063

Country

BAKERT

Zip

Country

4. FEI Number

59-3469398

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

200013988492
03/12/03--01001--022 **308.75

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **George W. Knobb**

Street Address (P.O. Box Number is Not Acceptable)

105 South 5th Street

City

Mackennay

FL

Zip Code

32063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

George W. Knobb

3 Mar 03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **Pres**
NAME **KNABB, George W.**
STREET ADDRESS **105 South 5th (105 South 5th St)**
CITY-ST-ZIP **Mackennay, FLA 32063**

TITLE **VP**
NAME **SHROD, JOHN L**
STREET ADDRESS **P.O. Box 506**
CITY-ST-ZIP **LAKE BUTLER, FLA 32054**

TITLE **SEC /**
NAME **TRAS PRITCHETT, M.W.**
STREET ADDRESS **P.O. Box 311**
CITY-ST-ZIP **LAKE BUTLER, FLA 32054**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Knobb

3 Mar 03

Date

904 259 6771

Daytime Phone #

CR2E034B (12/02)

Attachment

3.5. 2003

Per our conversation - 858-245-6059
today 3.5.2003

Enclosed is check for \$300.00 to reimburse
due to 2002 + 2003 uniform business
report being mailed to wrong address

Correct address
Northern Land & Timber Co
105 S 5th St
Macclenny, FL 32063

Thank you