

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000011924**

1. Entity Name

SPENCE/APFEL LAND AND TIMBER CO., INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90028 043 ***150.00

Principal Place of Business 335 BAYSHORE DRIVE NICEVILLE FL 32578		Mailing Address 335 BAYSHORE DRIVE NICEVILLE FL 32578-2424	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3503281		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPENCE, W. FERROL 335 BAYSHORE DRIVE NICEVILLE FL 32578		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 State10. 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	APFEL, WILLIAM E	NAME	
STREET ADDRESS	335 BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPENCE, REBECCA B	NAME	
STREET ADDRESS	335 BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPENCE, W. FERROL	NAME	
STREET ADDRESS	335 BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	APFEL, MARY C	NAME	
STREET ADDRESS	335 BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 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

Feb. 3, 2000

Date

850-678-4323

Daytime Phone #