

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011924

1. Entity Name
SPENCE/APFEL LAND AND TIMBER CO., INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90019 009 ***150.00

Principal Place of Business

335 BAYSHORE DRIVE
NICEVILLE FL 32578

Mailing Address

335 BAYSHORE DRIVE
NICEVILLE FL 32578

2. Principal Place of Business

935 W. John Sims Pkwy

Suite, Apt. #, etc.

3. Mailing Address

935 W. John Sims Pkwy.

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

Zip

32578

Country

4. FEI Number 59-3503281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCE, W. FERROL
335 BAYSHORE DRIVE
NICEVILLE FL 32578

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, 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 STREET ADDRESS CITY-ST-ZIP	D APFEL, WILLIAM E 335 BAYSHORE DRIVE NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, REBECCA B 335 BAYSHORE DRIVE NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, W. FERROL 335 BAYSHORE DRIVE NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APFEL, MARY C 335 BAYSHORE DRIVE NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 935 W. John Sims Pkwy Niceville, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 935 W. John Sims Pkwy Niceville, FL 32578
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Apr. 24, 2001 850-678-4323

Date

Daytime Phone #

CR2E034 (10/00)