

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022584

1. Entity Name
TIMBERLAND CONTRACTORS, INC.

Principal Place of Business

6480 HWY. 90
MILTON FL 32570

Mailing Address

6480 HWY. 90
MILTON FL 32570-4556

2. Principal Place of Business

4883 Glover Lane

Suite, Apt. #, etc.

3. Mailing Address

4883 Glover Lane

Suite, Apt. #, etc.

City & State

Milton, Florida

City & State

Milton, Florida

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

6. Name and Address of Current Registered Agent

WALTERS, CHRISTOPHER K
5752 HERMITAGE CIR
MILTON FL 32570

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WALTERS, CHRISTOPHER K
STREET ADDRESS 5752 HERMITAGE CIR
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME ROLLO, STEVEN B
STREET ADDRESS 4513 RIVER RANCH ROAD
CITY-ST-ZIP MILTON FL 32583

TITLE D ☐ Delete
NAME ROLLO, WILLIAM R
STREET ADDRESS 4350 COACHMAN ROAD
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE *Christopher K. Walters* 03/10/00 (850) 626-6536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)