

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037837

1. Entity Name

SOUTHERN TIMBER COMPANY

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

05-02-2001 90047 027 \*\*\*150.00

Principal Place of Business

5151 NE 157TH CT  
WILLISTON FL 32696

Mailing Address

P O BOX 268  
WILLISTON FL 32696

2. Principal Place of Business

147 N. Main St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Williston FL

City & State

Zip

32696

Country

Levy

Country

4. FEI Number 59-3506425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M  
1 S.E. FIRST AVENUE  
GAINESVILLE FL 32606

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, 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

TITLE P  
NAME BOREE, GREGORY G  
STREET ADDRESS 705 NW 97TH TERR  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE M  
NAME HUBER, JAY  
STREET ADDRESS BX 833, 5151 NE 167TH AVE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE ST  
NAME HUBER, PAMELA G  
STREET ADDRESS BX 833, 5151 NE 167TH AVE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS P.O. Box 833 - 5151 NE 167th CT.  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS P.O. Box 833 - 5151 NE 167th CT.  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 all other like empowered.

SIGNATURE:

Pamela G. Huber - Pamela G. Huber

4/27/01

352 528-5261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)