

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90171 004 \*\*\*158.75

**DOCUMENT # P98000083936**

1. Entity Name

**SUWANNEE AMERICAN CEMENT CO., INC.**

Principal Place of Business

Mailing Address

**201 NORTH MARION STREET  
 SUITE 301  
 LAKE CITY FL 32055**

**POST OFFICE DRAWER 2349  
 LAKE CITY FL 32056-2349**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3540547**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NORRIS, JOHN E  
 201 NORTH MARION STREET  
 SUITE 301  
 LAKE CITY FL 32055**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KOESTER, FRED W</b>	
STREET ADDRESS	<b>P.O. BOX 410</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>YAGEL, CHARLES W</b>	
STREET ADDRESS	<b>P.O. BOX 410</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NORRIS, JOHN E</b>	
STREET ADDRESS	<b>201 N MARION ST STE 301</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, JOE H JR.</b>	
STREET ADDRESS	<b>HWY. 349 NORTH</b>	
CITY-ST-ZIP	<b>OLD TOWN FL 32680</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00

CR2E034 (9/99)