

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011829

1. Entity Name

EVERGREEN OUTDOOR SERVICES, INC.

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

04-30-2001 90095 029 \*\*\*158.75

Principal Place of Business

235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

Mailing Address

235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

2. Principal Place of Business

115 DUNCAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

115 DUNCAN DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRAWFORDVILLE, FL

Zip

WAKULLA

City & State

CRAWFORDVILLE, FL

Zip

WAKULLA

4. FEI Number

59-3555251

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, DIANE  
235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name DIANE RANDOLPH

Street Address (P.O. Box Number is Not Acceptable)

115 DUNCAN DRIVE

City CRAWFORDVILLE FL 32327

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

DIANE L RANDOLPH, PRESIDENT 4-25-01

(NOTE: Registered Agent's 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 ☐ Delete  
NAME RANDOLPH, DIANE L  
STREET ADDRESS ~~25 TREE FROG LN~~ 115 DUNCAN DRIVE  
CITY-STATE-ZIP CRAWFORDVILLE FL 32327

TITLE VP ☒ Delete  
NAME LEON, STEVEN M  
STREET ADDRESS 235 OCALA RD SOUTH  
CITY-STATE-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME RICHARD L. RANDOLPH  
STREET ADDRESS 115 DUNCAN DRIVE  
CITY-STATE-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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

4/29/01

Date

890 926 9112

Daytime Phone #

CR2E034 (10/00)