

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90327 012 \*\*\*150.00

**DOCUMENT # P99000018726**

1. Entity Name

**SAPPLING FOREST PRODUCTS, INC.**

Principal Place of Business

**931 N STATE RD 434  
 STE 1201-101  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**931 N STATE RD 434  
 STE 1201-101  
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**405 DOUGLAS AVE.**

Suite, Apt. #, etc.

**SUITE 25052**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

**USA**

3. Mailing Address

**405 DOUGLAS AVE.**

Suite, Apt. #, etc.

**SUITE 25052**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3561830**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**QUALMANN, CHRISTOPHER R  
 101 SOUTHHALL LANE  
 SUITE 400  
 MAITLAND FL 32751**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 **D** ☐ Delete  
 NAME **KEATING, ANDREW J**  
 STREET ADDRESS **2360 W LAKE BRANTLEY DR**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

**ALTAMONTE SPRINGS,  
 FL 32714**

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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 STREET ADDRESS  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/01 (407) 786-4078**

Date

Daytime Phone #

CR2E034 (10/00)