

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P990000 66417

1. Entity Name

BEECH CREEK TREE FARM, INC.

02 JUN 28 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

RR 4 BOX 704

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 07118

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BLOOMFIELD IN

City & State

FORT MYERS FL

4. FEI Number

58-2484714

Applied For

Not Applicable

Zip

47424

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID E. DODRILL

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

14360 S. TAMiami TR

City

FORT MYERS

FL

Zip Code

33912

**DO NOT WRITE  
IN THIS SPACE**

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

David E. Dodrill

David E. Dodrill

4/28/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	DAVID E. DODRILL	929 ADELPHI CT	FORT MYERS FL 33919				
VP	CATHRON S. DODRILL	929 ADELPHI CT	FORT MYERS FL 33919				
S	TAMMY T. KOEHLER	1142 SW 28th ST	CAPE CORAL, FL 33914				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David E. Dodrill

David E. Dodrill

4/28/02 941 931-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)