## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000075472 1. Entity Name

HOLIFIELD TIMBER CORPORATION						
Principal Place of Business	Mailing Address	<del></del>				
P.O. BOX 1467 CROSS CITY FL 32628	P.O. BOX 1467 CROSS CITY FL 32628-1467					
2. Principal Place of Business	3. Mailing Address					
Suite Apt # etc	Suite Apt # etc					

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			El Number		Ар	plied For		
,						<u>59-3639143</u>	3	No	t Applicable	
Zip Country		Zip Cour		itry 5.		5 Certificate of Status Desired   \$8.		8.75 Add ee Required	.75 Additional Required	
6. Nam	ne and Address of Current Re	gistered Agent			7. 1	Name and Address of New Re	gistered Aç	jent		
				Name						
LANDER, JOSEPH T				Street Address (P.O. Box Number is Not Acceptable)						
109 BARBER										
CROSS CITY	FL 32028									
				City			FL	Zip Code	9	
The above named en	tity submits this statement for th	ne purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Flori	da.	-		
SIGNATURESIGNATURE, type	ed or printed name of registered agent and	title if applicable. (NOT	E: Registere	id Agent signatu	re required when re	enstating)	DATE			
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Tax filing requirement	ligible to satisfy its Intangible tand elects to do so.	After MAY 1, 20				10. Election Campaign Fina	• —		May Be	
(See criteria on back		Make Check Payat			of State	Trust Fund Contribution.			to Fees	
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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.