

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 044 ***150.00

DOCUMENT # S85707

1. Entity Name

BUCK LUMBER, INC.

80020557



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 358
 OVIEDO FL 32765

P.O. BOX 620358
 OVIEDO FL 32762-0358
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3089674

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

KEELING, ALAN D.
451 PINE HILLS BLVD
GENEVA FL 32732

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 | PD | <input type="checkbox"/> Delete |
| NAME | KEELING, ALAN D. | |
| STREET ADDRESS | 451 PINE HILLS ROAD | |
| CITY-ST-ZIP | GENEVA FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KEELING, SHARON | |
| STREET ADDRESS | 451 PINE HILLS ROAD | |
| CITY-ST-ZIP | GENEVA FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BERGERON, PHILIP | |
| STREET ADDRESS | 109 BAY HAMMOCK | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BERGERON, PAT | |
| STREET ADDRESS | 109 BAY HAMMOCK | |
| CITY-ST-ZIP | LONGWOOD FL | |
| 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 fiduciary 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:

SHARON KEELING
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-00 (407) 831-7745

CR2E034 (9/99)