## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # \$88263** 1. Entity Name RICHARD BROWN LOGGING, INC. 04-20-2000 90054 045 \*\*\*150.00 Principal Place of Business Mailing Address HWY 65 SOUTH PO BOX 298 HOSFORD FL 32334 HOSFORD FL 32334-0298 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3088511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RICHARD G Street Address (P.O. Box Number is Not Acceptable) RT. 1 BOX 56 HOSFORD FL 32334 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Ō Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE **BROWN, RICHARD** NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 56 CITY-ST-ZIP CITY-ST-ZIP HOSFORD FL Change Addition TITLE D ☐ Delete TITLE BROWN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 56 CITY-ST-ZIP CITY-ST-ZIP HOSFORD FL Change Addition Delete TITLE BROWN, RICHARD G RT. 1 BOX 56 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOSFORD FL CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 in two 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 received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the received of of

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