

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39609

1. Entity Name

R & M PULPWOOD, INC.



**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90007 011 \*\*\*550.00

Principal Place of Business

4621 NE 97 STREET ROAD  
ANTHONY FL 32617

Mailing Address

420 SE 8 STREET  
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

4621 NE 97th St. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Anthony, FL

4. FEI Number

59-3129443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
32617

Country

Zip  
32617

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGGONER, CARY G.  
420 SE 8 STREET  
OCALA FL 34471

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME RAINEY, JON  
STREET ADDRESS 4621 NE 97TH ST. RD  
CITY-ST-ZIP ANTHONY FL 32617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME MOORMAN, GLEN  
STREET ADDRESS 4385 SE 58TH PLACE  
CITY-ST-ZIP Ocala FL 34470

TITLE  
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CITY-ST-ZIP

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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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8-1-00

Date

X 352 732-2205

Daytime Phone #

CR2E034 (5/00)