

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91224 048 \*\*\*\*61.25

**DOCUMENT # N23073**

1. Entity Name  
**ICHETUCKNEE FOREST OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>RT. 1. BOX 1648          O'BRIEN FL 32071</b>	Mailing Address <b>RT. 1. BOX 1648          O'BRIEN FL 32071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Rt 1 Box 1624</b>	3. Mailing Address <b>Rt 1 Box 1624</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>O'Brien, FL.</b>	City & State <b>O'Brien, FL.</b>	4. FEI Number <b>59-2907455</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32071</b>	Country <b>Columbia</b>	Zip <b>32071</b>	Country <b>Columbia</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SMITH, ERVIN          RT. 1, BOX 1648          O'BRIEN FL 32071</b>		7. Name and Address of New Registered Agent Name <b>Terre S. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>RT 1 Box 1624</b> City <b>O'Brien</b> <b>FL</b> Zip Code <b>32071</b>	
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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 Terre S. Smith Terre S. Smith (S.T) 4/27/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, ERVIN RT. 1, BOX 1648 O'BRIEN FL 32071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Martin Cone RT 1 Box 1612 O'Brien, FL 32071</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV JOHNSON, NORMAN RT. 1, BOX 1646 O'BRIEN FL 32071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SMITH, TERRI RT-1-BOX-1624 O'BRIEN FL 32071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SMITH, TERRI RT 1 BOX 1624 O'BRIEN FL 32071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terre S. Smith Terre S. Smith 4/27/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)