

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90080 049 ***150.00

0452401

DOCUMENT # 320371
 1. Entity Name
VO-LASALLE FARMS INCORPORATED

Principal Place of Business Mailing Address
601 JOHNSON LK RD **601 JOHNSON LK RD**
DELEON SPRGS FL 32130 **DELEON SPRGS FL 32130**

UUU17726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1214274** 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
CRUMP, SYLVIA S
601 JOHNSON LK RD
DELEON SPRGS FL 32130

7. Name and Address of New Registered Agent
 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 *Sylvia S. Crump, Sec.* DATE 2/12/01
Signature, typed or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		
TITLE	V	<input type="checkbox"/> Delete
NAME	CRUMP, STEVE S.	
STREET ADDRESS	601 JOHNSON LK.RD.	
CITY-ST-ZIP	DELEON SPGS. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUMP, SYLVIA S	
STREET ADDRESS	601 JOHNSON LK RD	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUMP, A BRUCE	
STREET ADDRESS	601 JOHNSON LK RD	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUMP, ROGER M.	
STREET ADDRESS	601 JOHNSON LK.RD.	
CITY-ST-ZIP	DELEON SPGS. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 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: *Sylvia S. Crump, Sec.* DATE 2/12/01 DAYTIME PHONE # 904-985-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)