## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # 790481** 1. Entity Name GOLD KIST INC. 05-04-2001 90020 026 \*\*\*\*61 25 Principal Place of Business Mailing Address 244 PERIMETER PARKWAY CENTER 244 PERIMETER PARKWAY CENTER UUU46425 P.O. BOX 2210 P.O. BOX 2210 ATLANTA GA 30301 ATLANTA GA 30301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-0255560 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 Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD 🖺 Delete D TITLE TITLE Addition NORRIS, FRED K JR NAME NAME Jeffery A. Henderson STREET ADDRESS ST JULIAN PLANTATION, 133 KINGS GRANT DR STREET ADDRESS 597 Henderson Bend Road CITY-ST-ZIP CITY-ST-ZIP **EUTAWVILLE SC 29048** Calhoun, GA 30701 CEO TITLE ☐ Delete TITLE Addition Channe COAN, GAYLORD O NAME NAME STREET ADDRESS 12270 BROADWELL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30004 PC<sub>0</sub>0 Delete Change TITLE TITLE Addition BEKKERS, JOHN NAME NAME STREET ADDRESS 9435 REDBIRD LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ALPAHRETTA GA 30022 **SVPA** TITLE Delete TITLE Change Addition STIMPERT, MICHAEL A NAME STREET ADDRESS 2969 ROCKINGHAM DR., N.W. STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, WILLIAM A NAME STREET ADDRESS RT 2, BOX 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON GA 31713-9643** TITLE **■** Delete TITLE Change ☐X Addition NALLY, A. J NAME Douglas A. Reeves NAME STREET ADDRESS 204 NALLY ROAD STREET ADDRESS 415 Independent School Road CITY-ST-7IP CITY-ST-ZIP RYDAL GA 30171 Reevesville, SC 29471-4546 12. I hereby 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 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 officer or director.

Kephen O. West, CFO & Treas. SIGNATURE:

## GOLD KIST INC.

## **OFFICERS**

Iohn Bekkers
President/Chief Operating
Officer/Member Exec. Cmte.
9435 Redbird Lane
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Stephen O. West CFO & Treasurer 2015 Rivermeade Way, NW Atlanta, GA 30327-2017