

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 034 ****61.25

DOCUMENT # 790997

1. Entity Name

ALTHA FARMERS COOPERATIVE, INC.

R

Principal Place of Business

Mailing Address

HWY 71 NORTH
 ALTHA FL 32421-9504
 US

RT 2 BOX 36
 ALTHA FL 32421-9504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1306090**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, WILLIAM
 RT. 2, BOX 295
 ALTHA FL 32424

Name

Jerry E. Watford

Street Address (P.O. Box Number is Not Acceptable)

Rt. 1 Box 231

City

Altha

FL

Zip Code
32421

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

Jerry Watford

Jerry Watford-Secretary

7-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DAVID	
STREET ADDRESS	RT. 1 BOX 77	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, WILLIAM	
STREET ADDRESS	RT. 2, BOX 295	
CITY-ST-ZIP	ALTHA, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, GARY	
STREET ADDRESS	RT 2 BOX 730	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTON, DON	
STREET ADDRESS	RT 2 BOX 101	
CITY-ST-ZIP	ALTHA, FLORIDA 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, MARK	
STREET ADDRESS	RT 2 BOX 31-A	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stone, John W.	
STREET ADDRESS	1009 Stone Rd	
CITY-ST-ZIP	Grand Ridge, FL. 32442	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watford, Jerry E.	
STREET ADDRESS	Rt. 1 Box 231	
CITY-ST-ZIP	Altha, FL. 32421	
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		

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:

Jerry Watford
Jerry Watford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-00
 Date

850-762-3161
 Daytime Phone #

CR2E037 (5/00)