

2000 UNIFORM BUSINESS REPORT (UBR)

005772C

DOCUMENT # F13421

1. Entity Name
SILVER LAKE DAIRY OF JEFFERSON COUNTY, INC.

FILED

00 FEB -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

240 WEST WASHINGTON ST.
MONTICELLO FL 32344

240 WEST WASHINGTON ST.
MONTICELLO FL 32344-1442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2099538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, GEORGE
240 WEST WASHINGTO ST.
MONTICELLO FL 32344

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, CLAUDIA	
STREET ADDRESS	43 PINEVIEW DR	
CITY-ST-ZIP	WARRENVILLE SC 29851	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, JUDY F.	
STREET ADDRESS	240 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHARRON, GLORIA A.	
STREET ADDRESS	RT 2 BOX 34-B	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, YVONNE S.	
STREET ADDRESS	8128 OAKWOOD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003136357-8	
STREET ADDRESS	-02/16/00--01003--002	
CITY-ST-ZIP	****150.00 ****150.00	
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:

Judy F. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDY F. MILLER

2-7-00
Date

997.2696
Daytime Phone #

CR2E034 (9/99)