# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 02, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # **F94000000771**

1. Entity Name
GEORGIA-FLORIDA HARVESTORE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1010 TOBACCO ROAD | 1010 TOBACCO ROAD |
| ATTAPULGUS GA | ATTAPULGUS GA |
| 31715 US | 31715 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. P. O. BOX 130 |
| City & State | City & State ATTAPULGUS GA |
| Zip / Country | Zip 31715 / Country US |

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1119113** ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

WALKER STEVE CIII
230 JOHN KNOX ROAD, SUITE 2
TALLAHASSEE FL
32303 US

**7. Name and Address of New Registered Agent**

Name
WALKER STEVE CIII
Street Address (P.O. Box Number is Not Acceptable)
RT. 4, BOX 41010
City MONTICELLO **FL** Zip Code 32344

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 _____ 01/02/2001
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, 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GAY DORIS G<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GAY DORIS S<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA 31715 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CT<br>MILLER P DSR<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CT<br>MILLER P DSR<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA 31715 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVC<br>MILLER P DJR<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVC<br>MILLER P DJR<br>1010 TOBACCO ROAD<br>ATTAPULGUS GA 31715 | ☒ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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:** Doris S. Gay S 01/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #