

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90100 009 ***150.00

DOCUMENT # F98000004712

1. Entity Name

SOUTHERN STATES COOPERATIVE, INCORPORATED

Principal Place of Business

Mailing Address

6606 WEST BROAD STREET
RICHMOND VA 23230

PO BOX 26234
RICHMOND VA 23260-6234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0387200

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 **D** ☐ Delete
NAME **BRADY, JAMES E JR**
STREET ADDRESS **RTE 2 BX 176**
CITY-ST-ZIP **MARION AL 36756-9227**

TITLE **D** ☐ Change ☐ Addition
NAME **BELL, CECIL D., JR.**
STREET ADDRESS **3520 Paris Road**
CITY-ST-ZIP **Georgetown, KY 40324-9773**

TITLE **D** ☐ Delete
NAME **DANIEL, HERBERT A**
STREET ADDRESS **3982 BEMISS KNIGHTS ACADEMY RD**
CITY-ST-ZIP **VALDOSTA GA 3160**

TITLE **D** ☐ Change ☐ Addition
NAME **FLOYD K. BLESSING**
STREET ADDRESS **234 Blairs Pond Road**
CITY-ST-ZIP **Houston, DE 19954-9618**

TITLE **D** ☐ Delete
NAME **DAVIS, MICHEAL H**
STREET ADDRESS **3982 BEMISS KNIGHT ACADEMY RD**
CITY-ST-ZIP **VALDOSTA GA 31605-4821**

TITLE **C** ☒ Change ☐ Addition
NAME **EARL L. CAMPBELL**
STREET ADDRESS **705 Spears Lane**
CITY-ST-ZIP **Danville, KY 40422-9263**

TITLE **D** ☒ Delete
NAME **NORRIS, FRED K JR**
STREET ADDRESS **133 KINGS GRANT DR**
CITY-ST-ZIP **EUTAWVILLE SC 29048-7824**

TITLE **D** ☐ Change ☐ Addition
NAME **JERE L. CANNON (D)**
STREET ADDRESS **Route 3, Box 273**
CITY-ST-ZIP **Flemingsburg, KY 41041-9547**

TITLE **D** ☒ Delete
NAME **OGLETREE, PHIL JR**
STREET ADDRESS **379 SANDER RD**
CITY-ST-ZIP **GRIFFIN GA 30224**

TITLE **D** ☐ Change ☐ Addition
NAME **William F. Covington**
STREET ADDRESS **3008 S. NC 119**
CITY-ST-ZIP **Mebane, NC 27302-8168**

TITLE **D** ☐ Delete
NAME **BEAHM, MICHAEL W**
STREET ADDRESS **4475 SANDERSON DRIVE**
CITY-ST-ZIP **ROANOKE VA 24019-7215**

TITLE **D** ☐ Change ☐ Addition
NAME **R. Bruce Johnson**
STREET ADDRESS **29900 King William Road**
CITY-ST-ZIP **West Point, VA 23181-9629**

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: *[Signature]*

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (804) 281-1205

Date

Daytime Phone #