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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
02-09-2001 90238 018 ****61.25

DOCUMENT # N13208

1. Entity Name

SOUTHEASTERN MEAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3437 SW 24TH AVENUE C/O WILLIAM L. BROWN GAINESVILLE FL 32607	3437 SW 24TH AVENUE C/O WILLIAM L. BROWN GAINESVILLE FL 32607

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 59-2642242 ☐ 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
BROWN, WILLIAM L. 3437 SW 24TH AVENUE GAINESVILLE FL 32607	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 William L Brown 2/6/01
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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ONDICK, ANNA 201 TUSKAWILLA ROAD WINTER SPRINGS FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President ONDICK, ANNA PO Box 620777 OVIEDA, FL 32762	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM BROWN, WILLIAM L. 3437 SW 24TH AVENUE GAINESVILLE FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Executive Director William L. Brown 3437 SW 24th Ave Gainesville, Florida	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAKER, GEORGE R.L. ZEIGLER, 1 PLANT ST. SELMA AL	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	John Schultz 5445 Triangle Pkwy Norcross GA 30092	☐ Change ☐ Addition Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KELLEY, DWIGHT P.O. BOX 409 ELBA AL 36323	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lee Thomas P.O. Box 850 Griffin, GA 30224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED William L Brown 2/6/01 352-372-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #