

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90258 029 ****61.25

DOCUMENT # N13208

1. Entity Name
SOUTHEASTERN MEAT ASSOCIATION, INC.



Principal Place of Business
**315 TUSKAWILLA RD.
WINTER SPRINGS FL 32708**

Mailing Address
**P.O. BOX 620777
OVIEDO FL 32762**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ONDICK, ANNA J
989 GREENTREE DR.
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ONDICK, ANNA**
STREET ADDRESS **989 GREENTREE DR.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **CARROLL, J.D. JR.**
STREET ADDRESS **P.O. BOX 963**
CITY-ST-ZIP **VALDOSTA GA 31603**

TITLE **D** ☐ Delete
NAME **CHERNIN, ADAM**
STREET ADDRESS **P.O. BOX 429**
CITY-ST-ZIP **CENTER HILL FL 34254**

TITLE **DVP** ☒ Delete
NAME **SCHULTZ, JOHN**
STREET ADDRESS **4730 WOODRUFF TRACE**
CITY-ST-ZIP **CUMMING GA 30040**

TITLE **TD** ☐ Delete
NAME **THOMAS, LEE**
STREET ADDRESS **PO BOX 850**
CITY-ST-ZIP **GRIFFIN GA 30224**

TITLE **D** ☐ Delete
NAME **DOWNING, SCOTT**
STREET ADDRESS **P.O. BOX 220**
CITY-ST-ZIP **FITZGERALD GA 31750**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DAVID LEE**
STREET ADDRESS **P.O. Box 206**
CITY-ST-ZIP **ALMA, GA 31510**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WAYNE LORD**
STREET ADDRESS **P.O. Box 1000**
CITY-ST-ZIP **Dexter, GA 31019**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

2-11-03

770-227-5534

Date

Daytime Phone #

CR2E037 (10/02)