

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90065 019 \*\*\*150.00

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**DOCUMENT # F32843**

1. Entity Name

**CRABTREE FARMS, INC.**

Principal Place of Business

**2801 N PENINSULA AVE  
 SUITE 504  
 NEW SMYRNA BEACH FL 32169  
 US**

Mailing Address

**2801 B PENINSULA AVE  
 SUITE 504  
 NEW SMYRNA BEACH FL 32169  
 US**

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

**59-2360955**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WHITE, H WILLIAM  
 2801 N PENINSULA AVE  
 SUITE 504  
 NEW SMYRNA BEACH FL 32169**

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.

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, 2002 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

TITLE **STD** ☐ Delete  
 NAME **WHITE, H. WILLIAM**  
 STREET ADDRESS **2801 PENINSULA AVE, UNIT #504**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☐ Delete  
 NAME **VANDERNBERG, PEGGY JO**  
 STREET ADDRESS **213 PHILLIPS PLACE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete  
 NAME **DOSSEY, VIC**  
 STREET ADDRESS **107 GLENDALE DR**  
 CITY-ST-ZIP **WAYNESVILLE NC 28786**

TITLE **VP** ☐ Delete  
 NAME **KOCHLER, DEBBY**  
 STREET ADDRESS **2203 BALD CREEK RD**  
 CITY-ST-ZIP **CLYDE NC 28721**

TITLE **D** ☐ Delete  
 NAME **BRANNON, BILL**  
 STREET ADDRESS **665 MYSINGER RD**  
 CITY-ST-ZIP **GREENEVILLE TN 37743**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*H. W. White* **H. William White**

**Feb 8, 2002**

**(386) 427-0895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)