

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90081 017 \*\*\*\*61.25

**DOCUMENT #** N13208

1. Entity Name

**SOUTHEASTERN MEAT ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**315 Tuskawilla Road**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 620777**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Winter Springs, FL**

City & State

**Oviedo, FL**

4. FEI Number

**59-2642242**

Applied For

Not Applicable

Zip

**32708**

Country

**USA**

Zip

**32762**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Anna J. Ondick**

Street Address (P.O. Box Number is Not Acceptable)

**989 Greentree Drive**

City

**Winter Park,**

**FL**

Zip Code

**32789**

**DO NOT WRITE  
IN THIS SPACE**

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

*Anna J. Ondick*  
**Anna J. Ondick**

(NOTE: Registered Agent Signature required when reappointing)

**4/10/02**

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P/D  
Anna J. Ondick  
989 Greentree Drive  
Winter Park, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP/D  
John Schultz  
4730 Woodruff Trace  
Cummings, GA 30040**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T/D  
Lee Thomas  
P.O. Box 850  
Griffin, GA 30224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
J.D. Carroll, Jr.  
P.O. Box 963  
Valdosta, GA 31603**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Adam Chernin  
P.O. Box 429  
Center Hill, FL 34254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Scott Downing  
P.O. Box 220  
Fitzgerald, GA 31750**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE** *Anna J. Ondick* **Anna J. Ondick, Pres.** **4/10/02** **407-365-5661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)