

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 172754

1. Entity Name  
HIGDON FURNITURE CO

Principal Place of Business

130 N VIRGINIA ST  
QUINCY FL 32351  
US

Mailing Address

J W HIGDON  
P O BOX 1739  
QUINCY FLA 32353

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

J. WARREN HIGDON III

Suite, Apt. #, etc.

PO Box 1739

City & State  
QUINCY FL

Zip

32353-1739

Country

USA

6. Name and Address of Current Registered Agent

CURRY, JOHN SHAW  
208 N ADAMS ST  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Alexander L. Hanson

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

121 N. Madison St.

City

Quincy

FL

Zip Code

32357

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

*Alexander L. Hanson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HIGDON J WARREN 111 130 N.VIRGINIA ST. QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC HIGDON, J.W. JR. 130 N.VIRGINIA ST. QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGDON, RALPH W 130 N VIRGINIA ST QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, JOHN SHAW 331 N. MONROE STREET QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. WARREN HIGDON III

Date

4-9-01

Daytime Phone #

850-627-7564



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90069 010 \*\*\*150.00