

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 240246

1. Entity Name

PINE VALLEY DAIRY INC

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90030 005 ***150.00

Principal Place of Business

Mailing Address

4520 OLD TAMPA RD.
LAKELAND FL 33811-1123
US

4520 OLD TAMPA RD.
LAKELAND FL 33811-1123
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0825297

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUCKLER, SHIRLEY P
4520 OLD TAMPA RD
LAKELAND FL 33811

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BUCKLER, BRUCE A
CITY-ST-ZIP RT 2 BOX 875
MAYO FL 32066

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BASS, BERNICE J
CITY-ST-ZIP 4520 OLD TAMPA RD
LAKELAND FL 33811-1123

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS BUCKLER, SHIRLEY
CITY-ST-ZIP 4520 OLD TAMPA RD
LAKELAND FL 33811-1123

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS BUCKLER, STEPHEN P
CITY-ST-ZIP 4003 SILVERSPRING DRIVE
PLANT CITY FL 33567

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BUCKLER, CHARLES T
CITY-ST-ZIP 9410 CAROLINA WAY
OLD TOWN FL 32680

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Fannings Springs, FL 32693

TITLE ☐ Delete
NAME STD
STREET ADDRESS BUCKLER, BEVERLY JO
CITY-ST-ZIP 4520 OLD TAMPA RD
LAKELAND FL 33811-1123

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:

Shirley P. Buckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

(863) 686-3458

Date

Daytime Phone #

SHIRLEY P. BUCKLER, PRESIDENT

CR2E034 (9/99)