

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90011 049 ***150.00

DOCUMENT# 240246

1. Entity Name

PINE VALLEY DAIRY INC

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

4520 OLD TAMPA HWY
Suite, Apt. #, etc.

4520 OLD TAMPA HWY
Suite, Apt. #, etc.

City & State

City & State

LAKELAND FL

LAKELAND FL

Zip Country

Zip Country

33811-1123 POLK

33811-1123 POLK

4. FEI Number

59-0825297

Applied For

Not Applicable

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

SHIRLEY P BUCKLER

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

4520 OLD TAMPA HWY

City

LAKELAND

FL

Zip Code

33811-1123

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.

SHIRLEY P. BUCKLER, PRES.

SIGNATURE

Shirley P. Buckler, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

3-27-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **STD BASS, BERNICE J**
STREET ADDRESS **4205 OLD TAMPA HWY**
CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE ☒ Change ☐ Addition
NAME **PD BUCKLER, SHIRLEY P**
STREET ADDRESS **4520 OLD TAMPA HWY**
CITY-ST-ZIP **LAKELAND FL 33811-1123**

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

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

TITLE ☐ Delete
NAME **D BUCKLER, CHARLES T**
STREET ADDRESS **9410 CAROLINA WAY**
CITY-ST-ZIP **FANNINGS SPRINGS FL 32693**

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

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

TITLE ☒ Change ☐ Addition
NAME **D ROBERTS, BEVERLY B**
STREET ADDRESS **192 HAMPTON LANE**
CITY-ST-ZIP **SPARTA, NC 28675**

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.

SHIRLEY P. BUCKLER, PRES.

SIGNATURE:

Shirley P. Buckler, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-01

Date

(863)686-3458

Daytime Phone #

CR2E034 (10/00)