

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 266022**

1. Entity Name

FLORIDA-GEORGIA GROVES INC**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90035 017 ***150.00

Principal Place of Business P.O. BOX 267 FLOWERY BRANCH GA 30542	Mailing Address PO BOX 267 FLOWERY BRANCH GA 30542
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DO NOT WRITE IN THIS SPACE

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 59-0189257		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****WATKINS, JOHN J ESQ**
150 SOUTH MAIN STREET
SUITE 3
LABELLE FL 33935

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, 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JOHN	NAME	
STREET ADDRESS	6802 GAINESFERRY RD.	STREET ADDRESS	
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, GENE	NAME	
STREET ADDRESS	5702 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	FLOWERY BRANCH GA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLESMAN, JOHN B	NAME	
STREET ADDRESS	97 N MAPLE AVE	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEMEN, JOHN S	NAME	
STREET ADDRESS	6460 MOURNING DOVE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, CHARLES E	NAME	
STREET ADDRESS	108 EAST STREET	STREET ADDRESS	
CITY-ST-ZIP	BETHEL NC 27812	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLIN TRUST	NAME	
STREET ADDRESS	1950 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-2001

Date

770-967-0064

Daytime Phone #

CR2E034 (10/00)