

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90021 045 \*\*\*150.00

**DOCUMENT # 266022**

1. Entity Name  
**FLORIDA-GEORGIA GROVES INC**

Principal Place of Business

**P.O. BOX 267  
FLOWERY BRANCH GA 30542**

Mailing Address

**PO BOX 267  
FLOWERY BRANCH GA 30542**

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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WATKINS, JOHN J ESQ  
150 SOUTH MAIN STREET  
SUITE 3  
LABELLE FL 33935**

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete  
NAME **P. BAILEY, JOHN**  
STREET ADDRESS **6802 GAINESFERRY RD.**  
CITY-ST-ZIP **FLOWERY BRANCH GA 30542**

TITLE ☐ Delete  
NAME **S. MOONEY, GENE**  
STREET ADDRESS **5702 MAIN ST**  
CITY-ST-ZIP **FLOWERY BRANCH GA**

TITLE ☐ Delete  
NAME **D. GLESMAN, JOHN B**  
STREET ADDRESS **97 N MAPLE AVE**  
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

TITLE ☐ Delete  
NAME **D. HEGEMEN, JOHN S**  
STREET ADDRESS **6460 MOURNING DOVE DRIVE**  
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☐ Delete  
NAME **D. WHITEHURST, CHARLES E**  
STREET ADDRESS **108 EAST STREET**  
CITY-ST-ZIP **BETHEL NC 27812**

TITLE ☐ Delete  
NAME **D. SUTHERLIN TRUST**  
STREET ADDRESS **1950 ATLANTIC BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED JOHN BAILEY**

**1-07-2002 770-945-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(9/01)