

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 267936

1. Entity Name

TRUE FRESH EGGS, INC.

Principal Place of Business

4622 GALL BLVD  
P. O. BOX 9005  
ZEPHYRHILLS FL 33539-6005

Mailing Address

4622 GALL BLVD  
P. O. BOX 9005  
ZEPHYRHILLS FL 33539-6005

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 59-1039202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINVILLE, DANNY  
4622 GALL BLVD  
ZEPHYRHILLS FL 33541

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, 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	D	<input type="checkbox"/> Delete
NAME	LINVILLE, TONY	
STREET ADDRESS	18415 TIMBERLAN DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINVILLE, TIMOTHY	
STREET ADDRESS	37136 LEMON DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LINVILLE, TERRY	
STREET ADDRESS	5215 BERNADETTE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINVILLE, DANNY	
STREET ADDRESS	3701 DAIRY RD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINVILLE, JAY	
STREET ADDRESS	4623 S RYALS RD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, DANNY	
STREET ADDRESS	5455 PINE BARK LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Danny Linville*

DANNY LINVILLE

4/4/01

(813)782-1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0513355

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90081 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE