

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90109 041 \*\*\*150.00

**DOCUMENT # 350310**

1. Entity Name

**POSEY DAIRY, INC.**

Principal Place of Business

**3600 ST RD 70 WEST  
LAKE PLACID FL 33852  
US**

Mailing Address

**POSEY DAIRY, INC.  
15402 HWY 70 E.  
OKEECHOBEE FL 34972  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1270931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POSEY, ELVIE  
15402 HWY 70 E.  
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

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

City

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POSEY, ELVIE</b>	
STREET ADDRESS	<b>15402 HWY 70 E.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NATHAN POSEY</b>	
STREET ADDRESS	<b>15402 HWY 70 E</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROSEMARY POSEY</b>	
STREET ADDRESS	<b>15402 HWY 70 E.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REBECCA POSEY SMITH</b>	
STREET ADDRESS	<b>15402 HWY 70 E.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		<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:

*Elvie Posey* **ELVIE POSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

863-763-6013

Daytime Phone #

CR2E034 (10/00)