

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90067 047 \*\*\*150.00

**DOCUMENT # 357267**

**1. Entity Name**  
**FLYING "G" FARMS COMPANY**

**Principal Place of Business**  
**6235 HWY 98 NO**  
**OKEECHOBEE FL 34973**  
**US**

**Mailing Address**  
**P O BOX 1972**  
**OKEECHOBEE FL 34973**  
**US**

**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** **59-1311442**

☐ 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**

**PEGAM, GEORGE L**  
**PO BOX 1972**  
**6235 HWY 98 N**  
**OKEECHOBEE FL 34973**

**Name** **STEPHNYE PEGRAM**

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

**6235 HWY 98 N.**

**City** **OKEECHOBEE**

**FL**

**Zip Code** **34972**

**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]*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4.25.02**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, KIMBERLY</b>	
<b>STREET ADDRESS</b>	<b>743 DUNLAP</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER SPRINGS FL 32708</b>	
<b>TITLE</b>	<b>CD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, HEATH</b>	
<b>STREET ADDRESS</b>	<b>2040 DELWOOD DR NW</b>	
<b>CITY-ST-ZIP</b>	<b>ATLANTA GA 30309</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PEGAM, STEPHANIE</b>	
<b>STREET ADDRESS</b>	<b>6235 HWY 98 N.</b>	
<b>CITY-ST-ZIP</b>	<b>OKEECHOBEE FL 34973</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.25.02**

Date

Daytime Phone #

CR2E034 (9/01)