2201 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 359929					FILED Mar 13, 2001 8:00 am Secretary of State			
1. Entity Nam GERBER	B DAIRY, INC.				03-13-2001 90112 0-			
Principal Place of Business 2607 GERBER DAIRY ROAD WINTER HAVEN FLA 33880 2. Principal Place of Business		Mailing Address PO BOX 2116 WINTER HAVEN FL 33883 3. Mailing Address		ー イムジョンご Can the first and the first state that and the first and the				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Nur	^{nber} 59-1293385		plied For t Applicable	
Zip Country		Zip Country		5. Certific	ate of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current		- Nama		and Address of New Registered	Agent		
GERBER, DANIEL S 260 LAKE MCLEOD DR				Street Address (P.O. Box Number is Not Acceptable)				
, WIN1	ter haven fl 33880		City		F	Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing it	s registered office or regis	tered agent, or			<u> </u>	
Tax filing r	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After MAY 1, 2	TE: Registered Agent signature requ /!!! FEE IS \$150.00 001 Fee will be \$550.0 able to Department of S) 10.	Election Campaign Financing	\$5.0 Added	0 May Be to Fees	
11.	OFFICERS AND		12.		NS/CHANGES TO OFFICERS AN	D DIRECTORS	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerber, Daniel S 260 Lake MC Ledd Dr. Winter Haven FL 33880	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition	
title Name Street address City-St-Zip	st Gerber, Julette 260 Lake MC Ledd Dr.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE	WINTER HAVEN FL 33880	Delete	TITLE			Change _	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Gerber, William J. 2607 Gerber Dairy Road Winter Haven Fl		NAME STREET ADDRESS CITY-ST-ZIP	and and an				
title NAME Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
nitle Name Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address,	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowered	or the exemption stated in my signature shall have th t as required by Chapter (d.	Section 119.07 le same legal e 07, Florida Stat	(3)(i), Florida Statutes. I further ca fect as if made under oath; that i utes; and that my name appears	ertify that the in am an officer in Block 11 or	formation or director Block 12 if	