

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90163 049 ***150.00

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DOCUMENT # 680443

1. Entity Name
BRIGHTON DAIRIES INCORPORATED



Principal Place of Business
**238 SE 16TH AVE
PO BOX 489
OKEECHOBEE FL 34973-7489**

Mailing Address
**P.O. BOX 489
PO BOX 489
OKEECHOBEE FL 34973-0489
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 **59-1978399**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUCKS, KEVIN G.
1988 SW 28TH AVE
OKEECHOBEE FL 34973**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **WARREN, DEBORAH C.**
STREET ADDRESS **84 N.E. ELDERBERRY TERR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SDT** ☐ Delete
NAME **RUCKS, MARY E**
STREET ADDRESS **238 S.E. 16TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **RUCKS, KEVIN G.**
STREET ADDRESS **1988 S.W. 28TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **RUCKS, GLENN R.**
STREET ADDRESS **477 S.W. 72ND TERR.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **RUCKS, MARK W.**
STREET ADDRESS **735 S.W. 72ND TERR.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **RUCKS, GERALD S.**
STREET ADDRESS **2260 SW 13TH ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

1863-763-4125

Daytime Phone #

CR2E034 (10/02)