

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720230

1. Entity Name

DAIRYMEN LODGE, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90028 046 ****61.25

Principal Place of Business

% GWEN ARRENDALE
904 N COURT ST
QUITMAN GA 31643
BR

Mailing Address

P.O. BOX 432
QUITMAN GA 31643
BR

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

25-4107538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN JR, JESSE F
119 WEST JEFFERSON
TALLAHASSEE FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRANKLIN, SMITH ☐ Delete
STREET ADDRESS 6788 PATTEN COOLIDGE RD.
CITY-ST-ZIP COOLIDGE GA 31738

TITLE V
NAME HAROLD, BURTON ☐ Delete
STREET ADDRESS 12079 E. 84
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE ST
NAME GWEN, ARRENDALE ☐ Delete
STREET ADDRESS 904 N. CT. ST.
CITY-ST-ZIP QUITMAN GA 31643

TITLE D
NAME JACKSON, JESSE ☐ Delete
STREET ADDRESS 1202 N. COURT ST.
CITY-ST-ZIP QUITMAN GA 31643

TITLE D
NAME T.E., BLAND ☐ Delete
STREET ADDRESS 5723 JUMPING GULLEY RD.
CITY-ST-ZIP VALDOSTA GA 31601

TITLE D
NAME NANCY, TENNYSON ☐ Delete
STREET ADDRESS MAGNOLIA DR.
CITY-ST-ZIP QUITMAN GA 31643

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)