2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2000 8:00 am
Secretary of State
07-19-2000 90011 025 ****61.25

DOCUMENT # 750416

1. Entity Name

LABELLE SWAMP CABBAGE FESTIVAL, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 2061 LABELLE FL 33975 US	P.O. DRAWER 2061 LABELLE FL 33975 US

DO NOT WRITE IN THIS SPACE

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 65-0150456 ☐ 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
WILKINS, JULIE C 41 HAMPTON AVE LABELLE FL 33935	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
After September 13, 2000 min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WILKINS, JULIE CRAICHY 41 HAMPTON AVE LABELLE FL	☐ Delete	Gerald Miller 130 Florida Ave LaBelle FL 33935	☐ Change ☒ Addition
	S BRANT, PATTY PIONEER PLANTATION LABELLE FL	☐ Delete		☐ Change ☐ Addition
	D HUMPHRIES, MARTHA R. 450 MAIN STREET LABELLE FL	☐ Delete		☐ Change ☐ Addition
	D MILLER, JOSEPH R JR CALOSSA ESTATES DR LABELLE FL	☐ Delete		☐ Change ☐ Addition
	D HUMPHRIES, HEIDI P 450 MAIN ST LABELLE FL 33935	☒ Delete		☐ Change ☐ Addition
	VC WILKINS, WAYNE L 41 HAMPTON AVE LABELLE FL 33935	☐ Delete		☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED Julie Wilkins 7/12/00 863-675-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #