

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750416

1. Entity Name

LABELLE SWAMP CABBAGE FESTIVAL, INC.

Principal Place of Business

P.O. DRAWER 2081  
LABELLE FL 33975  
US

Mailing Address

P.O. DRAWER 2081  
LABELLE FL 33975  
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

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

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	C	WILKINS, JULIE CRAICHY	<input type="checkbox"/> Delete
NAME		41 HAMPTON AVE	
STREET ADDRESS		LABELLE FL	
CITY-ST-ZIP			
TITLE	S	BRANT, PATTY	<input type="checkbox"/> Delete
NAME		PIONEER PLANTATION	
STREET ADDRESS		LABELLE FL	
CITY-ST-ZIP			
TITLE	D	HUMPHRIES, MARTHA R.	<input type="checkbox"/> Delete
NAME		450 MAIN STREET	
STREET ADDRESS		LABELLE FL	
CITY-ST-ZIP			
TITLE	D	MILLER, JOSEPH R JR	<input type="checkbox"/> Delete
NAME		CALOSSA ESTATES DR	
STREET ADDRESS		LABELLE FL	
CITY-ST-ZIP			
TITLE	D	HUMPHRIES, HEIDI P	<input checked="" type="checkbox"/> Delete
NAME		450 MAIN ST	
STREET ADDRESS		LABELLE FL 33935	
CITY-ST-ZIP			
TITLE	VC	WILKINS, WAYNE L	<input type="checkbox"/> Delete
NAME		41 HAMPTON AVE	
STREET ADDRESS		LABELLE FL 33935	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

863-675-1104

2/

FILED  
Mar 01, 2001 8:00 am  
Secretary of State

02-03-2001 90018 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)