

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 790908

1. Entity Name

FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

106 DAIRY SCIENCE BLDG. #499
GAINESVILLE FL 32611-0920
US

PO BOX 110920
106 DAIRY SCIENCE BLDG #499
GAINESVILLE FL 32611-0920

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

59-6180291

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

WEBB, DAN W.
106 DAIRY SCIENCE BLDG. #499
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32011

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code
32611

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOWIE, ROBIN
STREET ADDRESS 6687 BOWIE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE VD
NAME AUKEMA, GARY
STREET ADDRESS 620 CANDY KITCHEN ROAD
CITY-ST-ZIP CHIPLEY FL 32428 ☐ Delete

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

TITLE D
NAME YANCEY, CLYDE, JR.
STREET ADDRESS 31025 BETTS RD.
CITY-ST-ZIP MYAKKA CITY FL 34251 ☐ Delete

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

TITLE S
NAME WEBB, DAN W
STREET ADDRESS 499 SHEALY DRIVE, UF DAIRY SCIENCE
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE D
NAME EADE, DALE
STREET ADDRESS 3945 OLD US ROAD
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

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

TITLE TD
NAME HENDERSON, ED
STREET ADDRESS 16560 68TH PLACE
CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3523925592

FILED
May 17, 2000 8:00 am
Secretary of State

01-27-2000 90129 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)