

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790908

1. Entity Name

FLORIDA DAIRY HERD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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 ☐ Delete
STREET ADDRESS 6687 BOWIE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219

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

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

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

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

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

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

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

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

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

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

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:

Dan W Webb

DAN W. WEBB

4-22-01

352-342-5592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

6/2/2001

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90071 007 *****61.25



DO NOT WRITE IN THIS SPACE