

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791033

1. Entity Name

FLORIDA CONTRACT POULTRY GROWERS ASSOCIATION, IN

Principal Place of Business

RT. 2 BOX 2095
STARKE FL 32091

Mailing Address

RT. 2 BOX 2095
STARKE FL 32091-9550

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKINS, JAMES
RT. 2 BOX 2095
STARKE FL 32091

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	ROWE, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS			RT 1, BOX 376	
CITY-ST-ZIP			MCCLENNY FL	
TITLE	VP	NAME	SPRATLIN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS			RT. 1, BOX 270	
CITY-ST-ZIP			LAWTEY FL	
TITLE	ST	NAME	GASKINS, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS			RT. 2 BOX 2095	
CITY-ST-ZIP			STARKE FL 32095	
TITLE	D	NAME	THRIFT, DALE	<input type="checkbox"/> Delete
STREET ADDRESS			RT. 2 BOX 632	
CITY-ST-ZIP			MACCLENNY FL 32063	
TITLE	D	NAME	CARROLL, NOAH	<input type="checkbox"/> Delete
STREET ADDRESS			RT. 2 BOX 269	
CITY-ST-ZIP			HILLARD FL 32046	
TITLE	D	NAME	SNELL, JIMMIE	<input type="checkbox"/> Delete
STREET ADDRESS			11940 ROSETTA ROAD	
CITY-ST-ZIP			JACKSONVILLE FL 32221	

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		
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		
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: *James Gaskins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90154 047 ****61.25

B0003404



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)