

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90011 002 ****61.25

DOCUMENT # 791033

1. Entity Name

FLORIDA CONTRACT POULTRY GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT. 2 BOX 2095
 STARKE FL 32091

RT. 2 BOX 2095
 STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GASKINS, JAMES
RT. 2 BOX 2095
STARKE FL 32091

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	P	<input type="checkbox"/> Delete
NAME	ROWE, CHARLES	
STREET ADDRESS	RT 1, BOX 378	
CITY-ST-ZIP	MCCLENNY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPRATLIN, JOHN	
STREET ADDRESS	RT-1, BOX 270	
CITY-ST-ZIP	LAWTEY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GASKINS, JAMES	
STREET ADDRESS	RT. 2 BOX 2095	
CITY-ST-ZIP	STARKE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	THRIFT, DALE	
STREET ADDRESS	RT. 2 BOX 632	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, NOAH	
STREET ADDRESS	RT. 2 BOX 269	
CITY-ST-ZIP	HILLARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNELL, JIMMIE	
STREET ADDRESS	11940 ROSETTA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

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
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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 #

26 Apr 02 (904) 964-8356

CR2E037 (9/01)