

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90006 025 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 807119
1. Entity Name
FLUE-CURED TOBACCO COOPERATIVE STABILIZATION COR

Principal Place of Business STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH NC 27605	Mailing Address STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH NC 27605
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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 56-0484598	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DASHER, KENNETH
8763 CR 252
LIVE OAK FL 32060

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYE, BRUCE L. P.O. BOX 159 N/A BATTLEBORO NC 27809 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELOACH, LAMAR 167 WESTSIDE RD STATESBORO GA 30458 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKS, JAMES R 1304 ANNAPOLIS DR RALEIGH NC ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DASHER, KENNETH RT 3, BOX 320 LIVE OAK FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPHERD, ANDREW Q RT 4, BOX 210 BLACKSTONE VA ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ALBERT M. RT 3 BOX 167B N/A GALIVANTS FERRY SC ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *James R Stocks* **1/5/2001** **919-821-4560**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)