

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014524 AT

DOCUMENT # A01000000351

1. Entity Name

GEORGIA BLUEBERRY FARMS, LTD.

FILED

02 JUN 19 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

1900 5TH STREET, N.W.  
WINTER HAVEN FL 33881

Mailing Address

P.O. BOX 3036  
WINTER HAVEN FL 33885-3036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3709037

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

BERTRAND, ROBERT J  
ONE LAKE MORTON DRIVE  
LAKELAND FL 33801

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.

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$100.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L01000003620  
NAME MIXON GEORGIA GENERAL PARTNER, LLC  
STREET ADDRESS 1900 5TH STREET, N.W.  
CITY-ST-ZIP WINTER HAVEN FL 33881

STREET ADDRESS

CITY-ST-ZIP

700005491427--3  
-06/21/02--01072--010

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STREET ADDRESS  
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-05/08/02--01033--001

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

4/27/02

863-294-8856

CR2E003 (9/01)