

2003. LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014799 AT

DOCUMENT # A01000000351

1. Entity Name
GEORGIA BLUEBERRY FARMS ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 AM 10:12

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

4. FEI Number 59-3709037

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

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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

800016956288

04/24/03--01043--006 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800016956288

06/13/03--01006--003 **88.75

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Keith A. Mixon, GM 4-21-03

Date

Daytime Phone #

CR2E003 (10/02)

014799 AT