2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **F00000002984**

1. Entity Name
FAIROAKS PLANTATION, INC.

Principal Place of Business	Mailing Address
679 BLACKSHEAR DRIVE	679 BLACKSHEAR DRIVE
THOMASVILLE FL 31792	THOMASVILLE FL 31792

2. Principal Place of Business	3. Mailing Address
679 BLACKSHEAR ROAD	679 BLACKSHEAR DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THOMASVILLE GA	City & State: THOMASVILLE GA
Zip: 31792 Country: US	Zip: 31792 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **58-2198404** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEADE ARLENE
938 KENDALL DRIVE
TALLAHASSEE FL
32301 US

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 _____ **01/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WALTER HENRIETTA A 679 BLACKSHEAR DRIVE THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER HENRIETTA A 679 BLACKSHEAR ROAD THOMASVILLE GA 31792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HACKER MICHELE 679 BLACKSHEAR DRIVE THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP HACKER MICHELE 679 BLACKSHEAR DRIVE THOMASVILLE GA 31792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LADSON WILLIAM FIII 904 GORDON AVENUE THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST LADSON WILLIAM FIII 904 GORDON AVENUE THOMASVILLE GA 31792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTER EBE 679 BLACKSHEAR DRIVE THOMASVILLE GA 31792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALTER EBE 679 BLACKSHEAR ROAD THOMASVILLE GA 31792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F LADSON, III S 01/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #