2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# F00000002984

Entity Name: FAIROAKS PLANTATION, INC.

Current Principal Place of Business:

679 BLACKSHEAR ROAD
THOMASVILLE, GA 31792 US

New Principal Place of Business:

Current Mailing Address:

679 BLACKSHEAR DRIVE
THOMASVILLE, GA 31792 US

New Mailing Address:

FEI Number: 58-2198404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEADE, ARLENE
938 KENDALL DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTER, EBE
Address: 679 BLACKSHEAR ROAD
City-St-Zip: THOMASVILLE, GA 31792

Title: VST ( ) Delete
Name: LADSON, WILLIAM F III
Address: 904 GORDON AVENUE
City-St-Zip: THOMASVILLE, GA 31792 US

Title: AVP (X) Delete
Name: HACKER, MICHELE
Address: 679 BLACKSHEAR DRIVE
City-St-Zip: THOMASVILLE, GA 31792 US

Title: D ( ) Delete
Name: WALTER, HENRIETTA A
Address: 679 BLACKSHEAR ROAD
City-St-Zip: THOMASVILLE, GA 31792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. LADSON, III T 01/08/2003

Electronic Signature of Signing Officer or Director Date