

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90034 001 ***150.00

DOCUMENT # F95000003131

1. Entity Name

PERDUE FARMS INCORPORATED

Principal Place of Business

**P.O. BOX 1537
SALISBURY MD 21802**

Mailing Address

**P.O. BOX 1537
SALISBURY MD 21802**

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 **52-0888853**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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	D	<input type="checkbox"/> Delete
NAME	PERDUE, FRANKLIN P	
STREET ADDRESS	OLD OCEAN CITY ROAD	
CITY-ST-ZIP	SALISBURY MD	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURLEY, ROBERT A	
STREET ADDRESS	OLD OCEAN CITY ROAD	
CITY-ST-ZIP	SALISBURY MD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEADS, DONALD E	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	WEST CONOSHOKEN PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, CHRISTOPHER A	
STREET ADDRESS	565 STANWICH RD	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAY, RANDALL M	
STREET ADDRESS	OLD OCEAN CITY ROAD	
CITY-ST-ZIP	SALISBURY MD	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOYERS, THOMAS R	
STREET ADDRESS	OLD OCEAN CITY ROAD	
CITY-ST-ZIP	SALISBURY MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D James J. Derezski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13460 W. Birchwood Lane	
STREET ADDRESS	Galena, MD 21635	
CITY-ST-ZIP		
TITLE	D Paul E. Price	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 Anchor Dr. #420	
STREET ADDRESS	Key Largo, FL 33037	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V Robert H. Heflin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Old Ocean City Rd.	
STREET ADDRESS	Salisbury, MD	
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)