

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90180 043 ***150.00

DOCUMENT # F95000004216

1. Entity Name
TYSON BREEDERS, INC.

Principal Place of Business Mailing Address
2210 OAKLAWN DR. #CPO61 **P O BOX 2020**
CP131 TAX ACCTG **CP 131**
SPRINGDALE AR 72762 **SPRINGDALE AR 72765-2020**

2. Principal Place of Business **CP131 TAX ACCTG** 3. Mailing Address **CP131 TAX ACCTG**

Suite, Apt. #, etc. **2210 W OAKLAWN** Suite, Apt. #, etc. **PO BOX 2020**

City & State **SPRINGDALE AR 72762** City & State **SPRINGDALE AR 72765-2020**

Zip Country Zip Country

4. FEI Number **62-0852669** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 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, 2002 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	TYSON, JOHN H	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BRITT, WAYNE L	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WRAY, DONALD E	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUDSON, R. HEAD	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LEATHERBY, DENNIS	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	V	<input type="checkbox"/> Delete
NAME	ENNIS, JAMES G	
STREET ADDRESS	2210 W OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GREG	
STREET ADDRESS	2210 W. OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	SVP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN HANKINS	
STREET ADDRESS	2210 W. OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, R. READ	
STREET ADDRESS	2210 W. OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESS, RODNEY S.	
STREET ADDRESS	2210 W. OAKLAWN CP131	
CITY-ST-ZIP	SPRINGDALE AR 72762	

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 REQUIRED **RODNEY S. PLESS, VP/CONTROLLER**

01/09/02 501-290-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)