

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90074 011 \*\*\*150.00

**DOCUMENT # F98000006592**

1. Entity Name

**BEVERLY - PLANT CITY HOLDINGS, INC.**

Principal Place of Business

Mailing Address

**ONE THOUSAND BEVERLY WAY  
FORT SMITH AR 72919****ONE THOUSAND BEVERLY WAY  
FORT SMITH AR 72919**

2. Principal Place of Business

**One Thousand Beverly Way**

Suite, Apt. #, etc.

3. Mailing Address

**One Thousand Beverly Way**

Suite, Apt. #, etc.

City &amp; State

**Fort Smith, AR**

City &amp; State

**Fort Smith, AR**4. FEI Number **71-0817010**

Applied For

Not Applicable

Zip  
**72919**Country  
**USA**Zip  
**72919**Country  
**USA**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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COBD<br/>BANKS, DAVID R<br/>ONE THOUSAND BEVERLY WAY<br/>FT. SMITH AR 72919</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President and Director<br/>David R. Devereaux<br/>One Thousand Beverly Way<br/>Fort Smith, AR 72919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>DOTSON, DONALD L<br/>ONE THOUSAND BEVERLY WAY<br/>FT. SMITH AR 72919</b> <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPT<br/>Schuyler Hollingsworth, Jr.<br/>One Thousand Beverly Way<br/>Fort Smith, AR 72919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VDGS<br/>MACKENZIE, JOHN W<br/>ONE THOUSAND BEVERLY WAY<br/>FORT SMITH AR 72919</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GANLEY, BARRY S<br/>ONE THOUSAND BEVERLY WAY<br/>FORT SMITH AR 72919</b> <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Steven R. Hammer<br/>One Thousand Beverly Way<br/>Fort Smith, AR 72919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO<br/>MATHIES, WILLIAM A<br/>ONE THOUSAND BEVERLY WAY<br/>FORT SMITH AR 72919</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>Mona Brannon<br/>One Thousand Beverly Way<br/>Fort Smith, AR 72919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GRIFFITH, JAMES M<br/>ONE THOUSAND BEVERLY WAY<br/>FORT SMITH AR 72919</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>Jerry S. Roles<br/>One Thousand Beverly Way<br/>Fort Smith, AR 72919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         |

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John W. MacKenzie** 4/25/2001 501-201-2000

Date

Daytime Phone #

CR2E034 (10/00)