

2001 UNIFORM BUSINESS REPORT (UBR)

0001726

DOCUMENT # **L98000000358**

1. Entity Name
PINEVILLE FARMS LLC

FILED

01 SEP 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10472 HWY 87 N MILTON FL 32570	Mailing Address 10472 HWY 87 N MILTON FL 32570
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2. Principal Place of Business 10470 HWY 87N	3. Mailing Address P.O. Box 770
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MILTON, FLORIDA	City & State JAY, FLORIDA	4. FEI Number 59-3510528	Applied For <input type="checkbox"/> Not Applicable
Zip 32570	Country USA	Zip 32565	Country USA

6. Name and Address of Current Registered Agent DAVIS, JERRY H 10472 HWY 87 N MILTON FL 32570		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **JERRY H. DAVIS** *Jerry H. Davis* DATE **9-8-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004611670--3
-09/26/01--01018--019
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JERRY H 10472 HWY 87 N MILTON FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTY H. DAVIS P.O. Box 770 JAY, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEARS, DOYCE M 9911 WINDY HILL ROAD PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JERRY H. DAVIS** *Jerry H. Davis* DATE **9-8-01** **850-470-9071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

STAPLE CHECK HERE

CR2E083 (5/01)