

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008689

## DOCUMENT #

1. Entity Name

WAVERLY GROWERS OPERATIONS, LC

Principal Place of Business

Mailing Address

2. Principal Place of Business

State Road 540

Suite, Apt. #, etc.

3. Mailing Address

State Road 540

Suite, Apt. #, etc.

City &amp; State

Waverly, FL

Zip

33877-0287

Country

USA

City &amp; State

Waverly, FL

Zip

33877-0287

Country

USA

4. FEI Number

59-3613110

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

A. Allan Teixeira  
456 19th Street, S.E.  
Winter Haven, FL 33884-1135

## 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 A. Allan Teixeira A. Allan Teixeira, Controller 04/18/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

20000325525.2-1

-05/17/00--01017--001

\*\*\*\*\*211.25 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME EV  
STREET ADDRESS HANSEN, N. PERRY, MGR M  
CITY-ST-ZIP 819 S. LAKE STARR BLVD.  
LAKE WALES FL

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS TEIXEIRA, A. ALLAN, MGR  
CITY-ST-ZIP 456 19TH ST SE  
WINTER HAVEN FL 33384-1518

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: A. Allan Teixeira A. Allan Teixeira 04/18/00 (863)439-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)