

2001 UNIFORM BUSINESS REPORT (UBR)

0032654 SP

DOCUMENT # **L99000008689**

1. Entity Name

WAVERLY GROWERS OPERATIONS, LC

Principal Place of Business

**STATE ROAD 540
WAVERLY FL 33877-0287**

Mailing Address

**STATE ROAD 540
WAVERLY FL 33877-0287**

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

59-3613110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEIXEIRA, A. ALLAN
456 19TH STREET, S.E.
WINTER HAVEN FL 33884-1135**

Name

N. Perry Hansen

Street Address (P.O. Box Number is Not Acceptable)

P O Box 287, 7000 Waverly Road

City

Waverly

FL

Zip Code
33877

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.

N. Perry Hansen, Executive Vice President

SIGNATURE

N. Perry Hansen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

1000004211521--1
ADDITIONS/CHANGES 01050-012

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HANSEN, N. PERRY
819 S. LAKE STARR BLVD.
LAKE WALES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TEIXEIRA, A. ALLAN
456 19TH ST. S.E.
WINTER HAVEN FL 33384-1518** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

N. Perry Hansen, Executive Vice President

SIGNATURE:

N. Perry Hansen
SIGNATURE REQUIRED

4/23/01

863/439-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 APR 27 AM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE