

2001 UNIFORM BUSINESS REPORT (UBR)

0032854 SP

DOCUMENT # L99000008689

1. Entity Name
WAVERLY GROWERS OPERATIONS, LC

FILED

01 APR 27 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
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

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

7. Name and Address of New Registered Agent

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* **4/23/01**
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

100004211521--1
ADDITIONS/CHANGES **11050--012**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, N. PERRY 819 S. LAKE STARR BLVD. LAKE WALES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEIXEIRA, A. ALLAN 456 19TH ST. S.E. WINTER HAVEN FL 33384-1518	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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.

N. Perry Hansen, Executive Vice President

SIGNATURE: *N. Perry Hansen* **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)