

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008690

## DOCUMENT #

1. Entity Name

WAVERLY GROWERS PRODUCTION, LC

Principal Place of Business

Mailing Address

2. Principal Place of Business

State Road 540

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 287

Suite, Apt. #, etc.

City & State

Waverly, FL

City & State

Waverly, FL

Zip

Country

33877-0287

USA

Zip

33877-0287

Country

USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

*mf*

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3613109

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

A. Allan Teixeira, Controller

04/18/00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

400003255254-5  
-05/17/00--01017--001  
\*\*\*\*\*211.25 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

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  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
400003255254-5  
-07/05/00--01111--001  
\*\*\*\*\*15.00 \*\*\*\*\*5.00

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

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

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

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

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.

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 (1/99)