

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008690

1. Entity Name  
WAVERLY GROWERS PRODUCTION, LC

APPROVED  
AND  
FILED

01 APR 27 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
STATE ROAD 540  
WAVERLY FL 33877-0287

Mailing Address  
P.O. BOX 287  
WAVERLY FL 33877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3613109		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

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 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			
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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 DATE \_\_\_\_\_

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**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004211673--8 -05/11/01--01073--008 *****50.00 *****50.00
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"/> 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
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.

N. Perry Hansen, Executive Vice President

SIGNATURE: 4/23/01 863/439-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0019449 AF

CR2E083 (11/00)