

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008691

1. Entity Name
WAVERLY GROWERS HARVESTING, LC

FILED

01 APR 27 AM 1:39

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3613038

Applied For
Not Applicable

Zip Country Zip Country

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

A. ALLAN TEIXEIRA
456 19TH ST., 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.

SIGNATURE

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000004211520--4
-05/11/01--01060--011
*****50.00 *****50.00

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

TITLE
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CITY-ST-ZIP
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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:

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

4/23/01 863/439-3602

Date Daytime Phone #

CR2E083 (11/00)

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