

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001626

1. Entity Name

DAIRY PARTNERS, LLC

FILED

01 JAN 25 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1910 DECHERD BLVD.  
DECHERD TN 37324

Mailing Address

1910 DECHERD BLVD.  
DECHERD TN 37324

2. Principal Place of Business

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINCHESTER, TN

4. FEI Number

36-4141698

Applied For

Not Applicable

Zip

Country

Zip

Country

37398

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 MGR LAWLESS, P.A. ☒ Delete  
STREET ADDRESS 370 N. WABASHA STREET  
CITY-ST-ZIP ST. PAUL MN 55102

TITLE NAME GENERAL MANAGER ☒ Change ☐ Addition  
NAME EDDIE ZIMMERMAN  
STREET ADDRESS P.O. Box 188  
CITY-ST-ZIP WINCHESTER, TN 37398

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME CONTROLLER ☐ Change ☒ Addition  
NAME W. H. THOMSEN  
STREET ADDRESS P.O. Box 188  
CITY-ST-ZIP WINCHESTER, TN 37398

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME BUSINESS MANAGER ☐ Change ☒ Addition  
NAME J. TRACY THOMAS  
STREET ADDRESS P.O. Box 188  
CITY-ST-ZIP WINCHESTER, TN 37398

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *W. H. Thomsen, Controller*

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

1-16-01

931-967-0669

Date

Daytime Phone #

CR2E083 (11/00)