

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0063967

DOCUMENT # N32416

1. Entity Name

TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL C

00 FEB 10 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JAMES L MITCHELL P.O. BOX 254 CAIRO GA 31728	Mailing Address C/O JAMES L MITCHELL P.O. BOX 254 CAIRO GA 31728-0254
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3018918	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, GEORGE C JR.
4229 GEARHART ROAD
TALLAHASSEE FL 32303

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KIMBLE, HARRIS	
STREET ADDRESS	RT # BOX 385	
CITY-ST-ZIP	QUITMAN GA 31643	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES L	
STREET ADDRESS	1748 GATTINGWAY ST. P.O. BOX 254	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORKER, JOHN I	
STREET ADDRESS	95 C SWAMP CREEK RD.	
CITY-ST-ZIP	WHIPHAM GA 31797	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUS, BELINDA	
STREET ADDRESS	2005 DOGWOOD HILL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODIE, WILLIE	
STREET ADDRESS	RT. 7 BOX 345	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003136641--1	
CITY-ST-ZIP	-02/16/00--01007--013	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L Mitchell* **SECRET** **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-10-200**
Date Daytime Phone #

CR2E037 (9/99)