

2001 UNIFORM BUSINESS REPORT (UBR)

0087415

DOCUMENT # N32416

1. Entity Name

TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL C

FILED

01 MAR -8 PM 3:39

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3018918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME KIMBLE, HARRIS
STREET ADDRESS RT # BOX 385
CITY-ST-ZIP QUITMAN GA 31643 ☐ Delete

TITLE DP
NAME MITCHELL, JAMES L
STREET ADDRESS 1748 GATTINGWAY ST. P.O. BOX 254
CITY-ST-ZIP CAIRO GA 31728 ☐ Delete

TITLE D
NAME CORKER, JOHN I
STREET ADDRESS 95 C SWAMP CREEK RD.
CITY-ST-ZIP WHIPHAM GA 31797 ☐ Delete

TITLE D
NAME STRAUS, BELINDA
STREET ADDRESS 2005 DOGWOOD HILL
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE D
NAME WOODIE, WILLIE
STREET ADDRESS RT. 7 BOX 345
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003851491--4
CITY-ST-ZIP -03/13/01--01122--009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)