

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32416

1. Entity Name

TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL CO
OPERATIVE MARKETING ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

C/O JAMES L MITCHELL
P.O. BOX 254
CAIRO GA 31728

C/O JAMES L MITCHELL
P.O. BOX 254
CAIRO GA 31728

FILED

02 JAN 23 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 200004916802--2
STREET ADDRESS -02/13/02--01095--002
CITY-ST-ZIP *****61.25 *****61.25

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

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

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

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

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

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

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

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

TITLE ☐ Delete
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

1-23-02

Date

Daytime Phone #

CR2E037 (9/01)