

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000001098****1. Entity Name**

NEWBERRY WATERMELON FESTIVAL, INC.

Principal Place of Business

2829 S.W. SR 45

NEWBERRY
32669

US

FL

Mailing Address

P.O. BOX 929

NEWBERRY
32669

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-3232511**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

BASS CINDY G

2829 S.W. SR 45

NEWBERRY

32669

US

FL

7. Name and Address of New Registered Agent

Name

MCGEHEE KINDRA A

Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 896

City

NEWBERRY

FL

Zip Code

32669

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 **KINDRA MCGEHEE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

06/07/2001

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	D	<input type="checkbox"/> Delete
NAME	FOLSOM PAT	
STREET ADDRESS	P.O. BOX 548	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS KATHI L	
STREET ADDRESS	23301 W NEWBERRY ROAD	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCGEHEE KINDRA	
STREET ADDRESS	P.O. BOX 876	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	GETZEN LINDA	
STREET ADDRESS	P.O. BOX 876	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKOY JOYCE	
STREET ADDRESS	P.O. BOX 215	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	T	<input type="checkbox"/> Delete
NAME	BASS CINDY G	
STREET ADDRESS	2829 S.W. SR45	
CITY-ST-ZIP	NEWBERRY FL 32669	

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	
CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE KATRINA
STREET ADDRESS	P.O. BOX 215
CITY-ST-ZIP	NEWBERRY FL 32669

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KINDRA MCGEHEE

P

06/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)