

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005021

1. Entity Name

SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90054 042 ****61.25

Principal Place of Business

Mailing Address

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609

% DEE BLAHA
16362 WILSON BLVD.
MASARYKTOWN FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34604

34604

4. FEI Number

59-3547386

Applied For

Not Applicable

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

BASFORD, LELAND
6181 OLD SPANISH TRAIL
CYPRESS FL 32432

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 D
NAME KENT, CHARLES ☒ Delete
STREET ADDRESS 1714 TILTON HWY
CITY-ST-ZIP OCILLA GA 31774

TITLE
NAME Jimmy Daniels ~~Georgia~~ D ☐ Change ☒ Addition
STREET ADDRESS PO Box 624
CITY-ST-ZIP Jennings, FL 32053

TITLE S
NAME BLAHA, DIANE ☐ Delete
STREET ADDRESS 16362 WILSON RD.
CITY-ST-ZIP MASARYKTOWN FL 34609

TITLE
NAME ~~Basford~~ Jennell D ☐ Change ☒ Addition
STREET ADDRESS PO Box 47 NW
CITY-ST-ZIP Cypress, FL 324320047

TITLE T
NAME DANIELS, MAUREEN ☐ Delete
STREET ADDRESS P O BOX 624
CITY-ST-ZIP JENNINGS FL 32053

TITLE
NAME Zackie Snider ~~NE~~ ☐ Change ☒ Addition
STREET ADDRESS RT 3 Box 152
CITY-ST-ZIP Mayo, FL 320669432

TITLE D
NAME BLAHA, MIKE ☐ Delete
STREET ADDRESS 16362 WILSON BLVD
CITY-ST-ZIP MASARYKTOWN FL 34609-7335

TITLE
NAME Drexel Johnson ~~NE~~ Vice Pres. ☐ Change ☒ Addition
STREET ADDRESS 2959 County Road 330
CITY-ST-ZIP Elba, AL 36323

TITLE D
NAME CARDEN, RICHARD ☐ Delete
STREET ADDRESS 2514 CARDEN RD
CITY-ST-ZIP AVON PARK FL 33825

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: LESLAND BASFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)