## **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 13, 2002 8:00 am DOCUMENT # N9700005021 Secretary of State SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION 02-13-2002 90102 008 \*\*\*\*61.25 , INCORPORATED Principal Place of Business Mailing Address % DEE BLAHA % DEE BLAHA 16362 WILSON BLVD. 16362 WILSON BLVD. **60022343** MASARYKTOWN FL 34609 MASARYKTOWN FL 34609 2. Principal Place of Business 3. Mailing Address To EARMA % EARMA J Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3547386 MARIANN MARIANN Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BASFORD, LELAND Street Address (P.O. Box Number is Not Acceptable) 6181 OLD SPANISH TRAIL CYPRESS FL 32432 MARIANNA, FL 32448 Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)🗷 Delete TITLE Addition KENT, CHARLES JOHNSON, DREYEL NAME 2959 Co Road 330 STREET ADDRESS 1714 TILTON HWY CR2E037 STREET ADDRESS CITY-ST-ZIP OCILLA GA 31774 CITY-ST-7tP TITLE Delete TITLE Addition ☐ Change Blaha, Diane NAME DANIELS, Jimmy NAME STREET ADDRESS 16362 WILSON RD. 7082 State Road L STREET ADDRESS CITY-ST-ZIP MASARYKTOWN FL 34609 CITY-ST-ZIP ☐ Delete TITLE Addition DANIELS, MAUREEN SNIDER BOX 152 NAME NAME STREET ADDRESS P O BOX 624 STREET ADDRESS CITY-ST-7IP JENNINGS FL 32053 CITY-ST-ZIP 32066 ☐ Delete TITLE ☐ Change Addition BLAHA, MIKE HENDRIX, EARMA NAME NAME 16362 WILSON BLVD 3173 ÉASY Path STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MASARYKTOWN FL 34609-7335 CITY-ST-ZIP MARIANNA, FL 32446 ☐ Delete TITLE D Change CARDEN, RICHARD BASFORD, JENNEIL 6181 Old SPANISH TRAIL MARIANNA, FL 32448 NAME NAME STREET ADDRESS 2514 CARDEN RD STREET ADDRESS CITY-ST-7IP AVON PARK FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change BASFORD, LELOND NAME NAME old Spanish STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA, FL 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: CASINAL SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DELLE