

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/27

01-27-2003 90536 012 ****61.25

DOCUMENT # N97000005021

1. Entity Name
**SOUTHERN COMMERCIAL RABBIT PRODUCERS ASSOCIATION
. INCORPORATED**



Principal Place of Business

**C/O EARMA J. HENDRIX
3173 EASY PATH
MARIANNA FL 32446**

Mailing Address

**C/O EARMA J. HENDRIX
3173 EASY PATH
MARIANNA FL 32446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BASFORD, LELAND
6181 OLD SPANISH TRAIL
MARIANNA FL 32448**

7. Name and Address of New Registered Agent

Name **LELAND BASFORD**

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

6181 Old Spanish Trail

City

MARIANNA

FL

Zip Code

32448

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Leland Basford**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DREXEL, JOHNSON	
STREET ADDRESS	2959 CO ROAD 330	
CITY-ST-ZIP	ELBA AL 36323	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, JIMMY	
STREET ADDRESS	7082 STATE RD 6 WEST	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIELS, MAUREEN	
STREET ADDRESS	7082 State Rd 6 West	
CITY-ST-ZIP	JASPER, FL 32052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAHA, MIKE	
STREET ADDRESS	16382 WILSON BLVD	
CITY-ST-ZIP	MASARYKTOWN FL 34609-7335	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDEN, RICHARD	
STREET ADDRESS	2514 CARDEN RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNIDER, ZACK	
STREET ADDRESS	RT 3 BOX 152	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seely, DAVID	
STREET ADDRESS	11271 N. Farmwood Ave	
CITY-ST-ZIP	DUNNELLON, FL 34433-2926	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, Drexel	
STREET ADDRESS	2959 Co Road 330	
CITY-ST-ZIP	ELBA, AL 36323	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, MAUREEN	
STREET ADDRESS	7082 State Rd 6 West	
CITY-ST-ZIP	JASPER, FL 32052	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASFORD, Jennell	
STREET ADDRESS	6181 Old Spanish Trail	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARMA J. HENDRIX	
STREET ADDRESS	3173 EASY PATH	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Drexel Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 850-482-9576

Date

Daytime Phone #

CR2E037 (10/02)