

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000006082**

1. Entity Name

**SWAMP CABBAGE FESTIVAL, INC.****FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90027 001 \*\*\*\*61.25

0071295

Principal Place of Business

125 E. HICKPOOCHEE AVE.  
LABELLE FL 33935

Mailing Address

P.O. BOX 2081  
LABELLE FL 33975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0150456

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKINS, JULIE C  
41 HAMPTON AVE.  
LABELLE FL 33935

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME CRAICHY, SHARON S  
STREET ADDRESS 441 1ST AVE.  
CITY-ST-ZIP LABELLE FL 33935TITLE D ☐ Delete  
NAME HUMPHRIES, MARTHA  
STREET ADDRESS 450 N.MAIN ST.  
CITY-ST-ZIP LABELLE FL 33935TITLE D ☒ Delete  
NAME HUMPHRIES, HEIDI  
STREET ADDRESS 450 N.MAIN ST.  
CITY-ST-ZIP LABELLE FL 33935TITLE D ☐ Delete  
NAME KIRBY, IDA  
STREET ADDRESS 31 HAMPTON AVE.  
CITY-ST-ZIP LABELLE FL 33935TITLE D ☐ Delete  
NAME MILLER, JOSEPH R JR  
STREET ADDRESS 1679 CALOOSA DR. COURT  
CITY-ST-ZIP LABELLE FL 33935TITLE D ☐ Delete  
NAME MILLER, JERRY  
STREET ADDRESS FLORIDA AVE  
CITY-ST-ZIP LABELLE FL 33935

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Sharon Miller, TREAS ☐ Change ☒ Addition  
NAME 1679 Caloosa Estates Ct  
STREET ADDRESS LaBelle, FL 33935  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

Date 1/29/01

Daytime Phone # 863-675-1104

CR2E037 (10/00)