

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90138 014 \*\*\*150.00

**DOCUMENT # P01000060392**

**1. Entity Name**  
**SEA ISLE GROWERS, INC.**

**Principal Place of Business**  
**2420 SOUTH MILLEDGE AVENUE**  
**ATHENS GA**

**Mailing Address**  
**2420 SOUTH MILLEDGE AVENUE**  
**ATHENS GA**

**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**

**58-2642782**

**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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**Name** **Charles M. Sanders, Jr.**

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

**1485 50th Court**

**City** **Vero Beach**

**FL**

**Zip Code** **32966**

**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** *Charles M. Sanders Jr.*  
 Signature, typed or printed name of registered agent and title if applicable.

**CHARLES M. SANDERS, JR.**

**3/29/02**  
 DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **P/D**  
**STREET ADDRESS** **Don Roberts**  
**CITY-ST-ZIP** **U.S. Highway 82, East**  
**Brookfield, GA 31727**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **V/D**  
**STREET ADDRESS** **Arthur Milberger P.O Box 350**  
**CITY-ST-ZIP** **Bay City, TX 77404-0350**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **T/S/D**  
**STREET ADDRESS** **Aaron McWhorter**  
**CITY-ST-ZIP** **54 Brown Farm Rd. SW**  
**Cartersville, GA 30120**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **David Douget**  
**CITY-ST-ZIP** **802 Howard Rd.**  
**Poteet, TX 78065-4400**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Wiley McCall**  
**CITY-ST-ZIP** **46470 Farabee Road**  
**Punta Gorda, FL 33982**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Hank Kerfoot**  
**CITY-ST-ZIP** **8840 Camden Hwy**  
**Rembert, SC 29128**

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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**

**4/13/02**  
 Date

**770.228-5822**  
 Daytime Phone #

CR2E034 (9/01)

2002 Uniform Business Report  
Document # P01000060392  
Sea Isle Growers, Inc.

Attachment #

P01000060392  
359088

Continuation Sheet to Block 12

Title Assistant T/Assistant S  
Name Dan Wright  
Street Address 54 Brown Farm Rd SW  
City-State-Zip Cartersville, GA 30120

☒ Addition

Title D  
Name Wendell Horne  
Street Address 850 Walnut Street  
City-State-Zip Macon, GA 31201

☒ Addition

Title D  
Name Philip Jennings  
Street Address P.O. Box 708  
City-State-Zip Soperton, GA 30457

☒ Addition

Title D  
Name Jaimie Allen  
Street Address Route 2, Box 376A  
City-State-Zip Adel, GA 31620

☒ Addition

Title D  
Name Mark Egan  
Street Address 101 Goshen Road Extension  
City-State-Zip Rincon, GA 31326

☒ Addition

Title D  
Name Clive Morris  
Street Address 4715 Lorraine Road  
City-State-Zip Bradenton, FL 34202

☒ Addition

Title D  
Name See Ba-Thee  
Street Address P.O. Box 793  
City-State-Zip Kahuki, HI 96731

☒ Addition

Title D  
Name Homer C. Greene  
Street Address P.O. Drawer 725  
City-State-Zip Hobe Sound, FL 33475

☒ Addition

Title D  
Name Michael Spinks  
Street Address P.O. Box 9  
City-State-Zip Ashburn, GA 31714

☒ Addition

Title D  
Name Jeff Cole  
Street Address P.O. Box 4563  
City-State-Zip Palm Desert, CA 92261-4563

☒ Addition