

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90189 002 ***150.00

DOCUMENT # P01063

1. Entity Name

DAIRY FRESH CORPORATION

Principal Place of Business

**903 TUSCALOOSA STREET
P.O. BOX 159
GREENSBORO AL 36744**

Mailing Address

**903 TUSCALOOSA STREET
P.O. BOX 159
GREENSBORO AL 36744**

2. Principal Place of Business

915 TUSCALOOSA STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0305598**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HESTER, JOHN W.
4861 OAKLAND DRIVE
PENSACOLA FL 32526**

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

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	TIDMORE, BOBBY E.	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YORK, W.L. SR.	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERSTREET, JAMES J	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKSHIRE, N D III	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIST, BETTY M	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, GARY	
STREET ADDRESS	915 TUSCALOOSA ST	
CITY-ST-ZIP	GREENSBORO AL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

BETTY M. GIST
PRESIDENT

Date

Daytime Phone #

3-9-01

334-634-3045

CR2E034 (10/00)