

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90049 024 \*\*\*150.00

**DOCUMENT # P97000028186**

1. Entity Name  
**CORDELE PECAN HOUSE, INC.**

Principal Place of Business

**1221 EAST 8TH AVE  
 CORDELE GA 31015**

Mailing Address

**3808 MAGNOLIA PT LANE  
 ST. AUGUSTINE FL 32086**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4211 U.S. 1 South**

**P.M.B 211**

**St. Augustine, FL.**

**32086**

4. FEI Number **59-3443574**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, TERESA D  
 3808 MAGNOLIA PT LANE  
 ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **GRIFFIN, TERESA D**  
 Street Address (P.O. Box Number is Not Acceptable) **4211 U.S. 1 South P.M.B 211**  
 City **St. Augustine** **FL** Zip Code **32086**

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 **Teresa Griffin TERESA GRIFFIN - V-P.**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/21/02**  
 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 ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEAD, DOROTHY L	
STREET ADDRESS	3808 MAGNOLIA PT LN	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEAD, HARLEY D III	
STREET ADDRESS	3808 MAGNOLIA PT LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRIFFIN, TERESA D	
STREET ADDRESS	3808 MAGNOLIA PT LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: **Teresa Griffin TERESA GRIFFIN VP** **2/21/02** **904-797-5572**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)