

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S06092**

1. Entity Name

**GERRELL PLANTATION, INC.****FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90073 001 \*\*\*150.00

0460784

Principal Place of Business Mailing Address  
**10608 GERRELL DRIVE 10608 GERRELL DRIVE**  
**TALLAHASSEE FL 32311 TALLAHASSEE FL 32311**

930850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3033113** 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  
**GERRELL, J. LAWSON**  
**10608 GERRELL DRIVE**  
**TALLAHASSEE FL 32311**

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 *J. Lawson Gerrell* *V.P.* *3-12-01*  
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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	BUTLER, MARILEE GERRELL	10608 GERRELL DRIVE	TALLAHASSEE FL	
DV	GERRELL, J. LAWSON	10608 GERRELL DRIVE	TALLAHASSEE FL	
DS	GERRELL, ALLEN R.	10608 GERRELL DRIVE	TALLAHASSEE FL	
DT	GERRELL, W. DALE	10608 GERRELL DRIVE	TALLAHASSEE FL	
D	GERRELL, JESSIE F.	10608 GERRELL DRIVE	TALLAHASSEE FL	

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

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

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: *J. Lawson Gerrell* *V.P.* *3-12-01* *(850) 421-8107*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)