

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90347 006 ***150.00

DOCUMENT # S20267

1. Entity Name

DAIRYMAN'S SUPPLY CO. - FLORIDA, INC.

Principal Place of Business

Mailing Address

**P O BOX 1879
 WILDWOOD FL 34785**

**P O BOX 1879
 WILDWOOD FL 34785**

2. Principal Place of Business

P.O. BOX 3069

3. Mailing Address

P.O. BOX 3069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

4. FEI Number

59-3039989

Applied For

Not Applicable

Zip

Country

Zip

Country

34451

34451

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COOK, GEORGE D., JR.
 2804 S JEAN AVE
 INVERNESS FL 32650**

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 _____

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	D	<input type="checkbox"/> Delete
NAME	COOK, L. G.	
STREET ADDRESS	1700 CASEY KEY RD	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, GEORGE SR.	
STREET ADDRESS	204 ERWIN DR	
CITY-ST-ZIP	MAYFIELD KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JOHN E.	
STREET ADDRESS	1010 BRAND ST	
CITY-ST-ZIP	MAYFIELD KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, NANCY C.	
STREET ADDRESS	6520 E SPEEDWAY	
CITY-ST-ZIP	TUSCON AZ	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOYD, CURTIS J.	
STREET ADDRESS	405 GOLF CLUB LN	
CITY-ST-ZIP	MAYFIELD KY	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, GREG	
STREET ADDRESS	613 E COLLEGE ST	
CITY-ST-ZIP	MAYFIELD KY	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, L.G.	
STREET ADDRESS	210 SANTA MARIA G349	
CITY-ST-ZIP	VENICE, FL 34285	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, GREG	
STREET ADDRESS	615 S. 1ST STREET	
CITY-ST-ZIP	MAYFIELD, KY 42066	

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

Date

Daytime Phone #

Greg Cook

02/26/01

CR2E034 (10/00)