

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # U00043

1. Entity Name

SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.

Principal Place of Business

1950 SE HWY 484
BELLEVIEW FL 34420

Mailing Address

PO BOX 3790
BELLEVIEW FL 34421
US

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

65-0297412

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

COVINGTON, CALVIN
1950 SE HWY 484
BELLEVIEW FL 34420

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, CHARLES
RT. 4 BOX 177
BRANFORD FL 32008 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RUCKS, T.T. SR
220 SW 21ST STREET
OKECHOBEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRIGHT, SAM
2899 WISTERIA FARM RD
GREENCOVE SPRINGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PEACHY, JOHN
RT. 1 BOX 333-C
MYAKKA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLEMONS, NORMAN F
2750 TRAIL DAIRY CIR
N FORT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JONES, BUCKEY
6755-A THOMPSON RD
SMITHDALE MS 39664 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

T.T. RUCK, SR., PRES. 4-23-01 352-245-2937

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

Attachment 970330

Doc # U00043

OFFICERS AND DIRECTORS
SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.
(Continued from block #10)
FEI #65-0297412

Title Name Street Address City-St-Zip	D Wright, P. Joseph P.O. Box 1057 Avon Park, FL 33825
Title Name Street Address City-St-Zip	D Eade, Dale 3945 Old U.S. Road Marianna, FL 32446
Title Name Street Address City-St-Zip	D Lussier, Matt P.O. Box 2168 Hawthorne, FL 32640
Title Name Street Address City-St-Zip	D Land, Rodney Rt. 2, Box 1515 Mayo, FL 32066