

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # U00043**

1. Entity Name

SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.

Principal Place of Business

**1950 SE HWY 484
BELLEVUE FL 34420**

Mailing Address

**PO BOX 3790
BELLEVUE 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
BELLEVUE 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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	RUCKS, T.T. SR	
STREET ADDRESS	220 SW 21ST STREET	
CITY-ST-ZIP	OKECHOBEE FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, SAM	
STREET ADDRESS	2899 WISTERIA FARM RD	
CITY-ST-ZIP	GREENCOVE SPRINGS FL 32043	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PEACHY, JOHN	
STREET ADDRESS	RT 1 BOX 333-C	
CITY-ST-ZIP	MYAKKA CITY FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMONS, NORMAN F	
STREET ADDRESS	2750 TRAIL DAIRY CIR	
CITY-ST-ZIP	N FORT MYERS FL	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, BUCKEY	
STREET ADDRESS	6755-A THOMPSON RD	
CITY-ST-ZIP	SMITHDALE MS 39664	

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

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

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

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

Date

Daytime Phone #

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90067 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment

856479

6100043

Title Name Street Address City-St-Zip	D Underhill, Edward 27695 SW Martin Highway Okeechobee, FL 34974
Title Name Street Address City-St-Zip	D Watkins, Tom P.O. Box 1647 Avon Park, FL 33825
Title Name Street Address City-St-Zip	T/D Weltzbarker, Doyle P.O. Box 509 Quitman, GA 31643
Title Name Street Address City-St-Zip	P/D Wright, P. Joseph P.O. Box 1057 Avon Park, FL 33825
Title Name Street Address City-St-Zip	D Yoder, Crist Rt. 2, Box 195 Montezuma, GA 31063