

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# U00043

FILED
Apr 10, 2003
Secretary of State

Entity Name: SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.

Current Principal Place of Business:

1950 SE HWY 484
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

PO BOX 3790
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 65-0297412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON, CALVIN
1950 SE HWY 484
BELLEVIEW, FL 34420

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUCKS, T.T. SR
Address: 220 SW 21ST STREET
City-St-Zip: OKEECHOBEE, FL

Title: D () Delete
Name: WRIGHT, SAM
Address: 2899 WISTERIA FARM RD
City-St-Zip: GREENCOVE SPRINGS, FL 32043

Title: VD () Delete
Name: PEACHY, JOHN
Address: RT 1 BOX 333-C
City-St-Zip: MYAKKA CITY, FL

Title: D () Delete
Name: CLEMONS, NORMAN F
Address: 2750 TRAIL DAIRY CIR
City-St-Zip: N FORT MYERS, FL

Title: STD () Delete
Name: JONES, BUCKEY
Address: 6755-A THOMPSON RD
City-St-Zip: SMITHDALE, MS 39664

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUCKS, T.T. SR
Address: 220 SW 21ST STREET
City-St-Zip: OKEECHOBEE, FL 34973 US

Title: D (X) Change () Addition
Name: WRIGHT, SAM
Address: 2899 WISTERIA FARM RD
City-St-Zip: GREENCOVE SPRINGS, FL 32043 US

Title: VD (X) Change () Addition
Name: PEACHY, JOHN
Address: RT 1 BOX 333-C
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: D (X) Change () Addition
Name: JONES, S. L.
Address: 1500 OLD MADISON RD.
City-St-Zip: QUITMAN, GA 31643 US

Title: STD (X) Change () Addition
Name: JONES, BUCKEY
Address: 6755-A THOMPSON RD
City-St-Zip: SMITHDALE, MS 39664 US

Title: PD () Change (X) Addition
Name: EADE, DALE
Address: 3945 OLD U.S. ROAD
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE EADE

P/D

04/10/2003

Electronic Signature of Signing Officer or Director

Date

P. JOSEPH WRIGHT, DIRECTOR
P.O. BOX 1057
AVON PARK, FL 33825

MATT LUSSIER, DIRECTOR
P.O. BOX 2168
HAWTHORNE, FL 32640

ROD LAND, DIRECTOR
RT. 2, BOX 1515
MAYO, FL 32066