

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90048 011 \*\*\*150.00

**DOCUMENT # 277981**

1. Entity Name  
**I. C. TERRY FARMS, INC.**

Principal Place of Business

RT 5 BOX 208  
 LAKE CITY FL 32024-9222  
 US

Mailing Address

RT 5 BOX 208  
 LAKE CITY FL 32024  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**RT 27 Box 208**

Suite, Apt. #, etc.

3. Mailing Address

**RT 27 Box 208**

Suite, Apt. #, etc.

City & State

**Lake City FL**

City & State

**Lake City FL**

4. FEI Number

**59-1100152**

Applied For

Not Applicable

Zip

**32024**

Country

**Columbia**

Zip

**32024**

Country

**Columbia**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TORRY, MADISON**  
 RT 5 BOX 208  
 LAKE CITY FL 32024

*Spelled wrong*

7. Name and Address of New Registered Agent

Name **Terry Madison**  
 Street Address (P.O. Box Number is Not Acceptable)

**RT 27 Box 208**

City **Lake City**

FL

Zip Code **32024**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TERRY, JAMES I	RT 5 BOX 208	LAKE CITY FL	<input type="checkbox"/>
VP	TERRY, MADISON ROSS	RT 5 BOX 208	LAKE CITY FL	<input type="checkbox"/>
S	TERRY, EARL WILLIAM	RT 5 BOX 208	LAKE CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		RT 27 Box 208	Lake City FL 32024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		RT 27 Box 208	Lake City FL 32024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		RT 27 Box 208	Lake City FL 32024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Ross Terry**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ross Terry V.P.**

Date **3-26-01** Daytime Phone # **386 752-0996**

CR2E034 (10/00)