

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90326 045 \*\*\*150.00

**DOCUMENT # 277981**

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

Principal Place of Business

RT 27 BOX 208  
 LAKE CITY FL 32024  
 US

Mailing Address

RT 27 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  
 Zip Country  
 32024 US

City & State

Lake City, FL  
 Zip Country  
 32024 US

4. FEI Number

59-1100152

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, MADISON  
 RT 27 BOX 208  
 LAKE CITY FL 32024

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	TERRY, JAMES I	
STREET ADDRESS	RT 27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TERRY, MADISON ROSS	
STREET ADDRESS	RT 27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRY, EARL WILLIAM	
STREET ADDRESS	27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Madison Ross Terry* *Madison Ross Terry* 4-1-02 386 752-0996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)