

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 292015

1. Entity Name
THE LABEUNA FARMS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90106 026 ***150.00

Principal Place of Business 115 SOUTH FIFTH STREET MACCLENNY FL 32063	Mailing Address 115 SOUTH FIFTH STREET MACCLENNY FL 32063-2303
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DO NOT WRITE IN THIS SPACE

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 59-1091874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**YARBOROUGH, BERNICE K.
115 S FIFTH ST
MACCLENNY FL 32063**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNABB, GEORGE W 117 SO 5 STR MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNABB, JAMES W., JR. RT. 2, BOX 729 MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YARBOROUGH, BERNICE K 115 S. 5TH ST. MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNABB, WILLIAM M 115 S 5TH ST MACCLENNY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gwendolyn K McCauley 115 South Fifth St. Macclenny, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James W. Knabb, Jr. 115 South Fifth St. Macclenny FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernice K. Yarbrough 115 South Fifth St. Macclenny, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carolyn D. McCullough 115 South Fifth St. Macclenny, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bernice K. Yarbrough Sec. **4-18-00** **904-259-3201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)