

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90185 049 ****61.25

DOCUMENT # 720230

1. Entity Name

DAIRYMEN LODGE, INC.

601702



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% GWEN ARRENDALE 904 N COURT ST QUITMAN GA 31643 BR		P.O. BOX 432 QUITMAN GA 31643-0432 BR	
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	25-4107538	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARREN JR, JESSE F 119 WEST JEFFERSON TALLAHASSEE FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, SMITH	NAME	
STREET ADDRESS	6788 PATTEN COOLIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	COOLIDGE GA 31738	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, BURTON	NAME	
STREET ADDRESS	12079 E. 84	STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWEN, ARRENDALE	NAME	
STREET ADDRESS	904 N. CT. ST.	STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA 31643	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JESSE	NAME	
STREET ADDRESS	1202 N. COURT ST.	STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA 31643	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.E., BLAND	NAME	
STREET ADDRESS	5723 JUMPING GULLEY RD.	STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY, TENNYSON	NAME	
STREET ADDRESS	MAGNOLIA DR.	STREET ADDRESS	
CITY-ST-ZIP	QUITMAN GA 31643	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: *Gwen Arrendale* 1-10-00 912-763-8375

CR2E037 (9/99)