

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90028 046 ****61.25

0088082

DOCUMENT # 720230

1. Entity Name

DAIRYMEN LODGE, INC.

Principal Place of Business

% GWEN ARRENDALE
 904 N COURT ST
 QUITMAN GA 31643
 BR

Mailing Address

P.O. BOX 432
 QUITMAN GA 31643
 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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WARREN JR, JESSE F
119 WEST JEFFERSON
TALLAHASSEE FL

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

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

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
STREET ADDRESS	
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, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 *263-8375*
 Date Daytime Phone #

CR2E037 (10/00)