

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000002984

1. Entity Name
FAIROAKS PLANTATION, INC.

Principal Place of Business
 679 BLACKSHEAR DRIVE
 THOMASVILLE FL 31792

Mailing Address
 679 BLACKSHEAR DRIVE
 THOMASVILLE FL 31792

2. Principal Place of Business
 679 BLACKSHEAR ROAD

3. Mailing Address
 679 BLACKSHEAR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 THOMASVILLE GA

City & State
 THOMASVILLE GA

4. FEI Number
58-2198404

Applied For
 Not Applicable

Zip Country
 31792 US

Zip Country
 31792 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADE ARLENE
 938 KENDALL DRIVE
 TALLAHASSEE FL 32301
 US

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 _____ **01/29/2001**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C Delete
 NAME WALTER HENRIETTA A
 STREET ADDRESS 679 BLACKSHEAR DRIVE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE D Change Addition
 NAME WALTER HENRIETTA A
 STREET ADDRESS 679 BLACKSHEAR ROAD
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE S Delete
 NAME HACKER MICHELE
 STREET ADDRESS 679 BLACKSHEAR DRIVE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE AVP Change Addition
 NAME HACKER MICHELE
 STREET ADDRESS 679 BLACKSHEAR DRIVE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE V Delete
 NAME LADSON WILLIAM FIII
 STREET ADDRESS 904 GORDON AVENUE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE VST Change Addition
 NAME LADSON WILLIAM FIII
 STREET ADDRESS 904 GORDON AVENUE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE P Delete
 NAME WALTER EBE
 STREET ADDRESS 679 BLACKSHEAR DRIVE
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE P Change Addition
 NAME WALTER EBE
 STREET ADDRESS 679 BLACKSHEAR ROAD
 CITY-ST-ZIP THOMASVILLE GA 31792

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: WILLIAM F LADSON, III **S** **01/29/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)