

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000002984

FILED  
Jul 02, 2002 8:00 AM  
Secretary of State

Entity Name: FAIROAKS PLANTATION, INC.

**Current Principal Place of Business:**

679 BLACKSHEAR ROAD  
THOMASVILLE, GA 31792 US

**New Principal Place of Business:**

**Current Mailing Address:**

679 BLACKSHEAR DRIVE  
THOMASVILLE, GA 31792 US

**New Mailing Address:**

FEI Number: 58-2198404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, ARLENE  
938 KENDALL DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALTER, EBE  
Address: 679 BLACKSHEAR ROAD  
City-St-Zip: THOMASVILLE, GA 31792

Title: VST ( ) Delete  
Name: LADSON, WILLIAM F III  
Address: 904 GORDON AVENUE  
City-St-Zip: THOMASVILLE, GA 31792 US

Title: AVP ( ) Delete  
Name: HACKER, MICHELE  
Address: 679 BLACKSHEAR DRIVE  
City-St-Zip: THOMASVILLE, GA 31792 US

Title: D ( ) Delete  
Name: WALTER, HENRIETTA A  
Address: 679 BLACKSHEAR ROAD  
City-St-Zip: THOMASVILLE, GA 31792 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LADSON

VST

07/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date