

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000061429

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: CALERA DEVELOPMENT, INC.

Current Principal Place of Business:

42 RIVER ROAD
PANACEA, FL 32346

New Principal Place of Business:

P.O. BOX 99
GRIFFIN, GA 30224

Current Mailing Address:

137 WOLF
CORDELE, GA 31015 US

New Mailing Address:

P.O. BOX 99
GRIFFIN, GA 30224

FEI Number: 59-3393562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWHORN, GERALD
42 RIVER ROAD
PANACEA, FL 32346

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: D () Delete
Name: LAWHORN, GERALD
Address: 42 RIVER ROAD
City-St-Zip: PANACEA, FL 32346

Title: ST (X) Delete
Name: LAWHORN, PATRICIA C
Address: 850 EVEREE INN ROAD
City-St-Zip: GRIFFIN, GA 30224

Title: CFO () Delete
Name: POPE, CARY O
Address: 850 EVEREE INN RD
City-St-Zip: GRIFFIN, GA 30224

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:

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: CARY O POPE

CFO

01/17/2002

Electronic Signature of Signing Officer or Director

_____ Date