

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90003 013 ****61.25

DOCUMENT # 771342

1. Entity Name

ALACHUA COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

~~4507 NORTHWEST 6TH STREET
 GAINESVILLE FL 32609-1798~~

~~4507 NORTHWEST 6TH STREET
 GAINESVILLE FL 32609-1798~~

2. Principal Place of Business

3. Mailing Address

12600 M.L.K. Blvd

P.O. Box 1180 (Att:MK)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1303

City & State

City & State

Alachua, Florida

Alachua, Florida

4. FEI Number

59-0762130

Applied For

Not Applicable

Zip

Country

Zip

Country

32616-1180

U-S-A

32616-1180

USA

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

**12600 M.L.K. Blvd
 Alachua, Fl 32616**

Name

Street Address (P.O. Box Number is Not Acceptable)

BRYAN, MYRON W.

P.O. Box 1180

Alachua, Fl 32616-1180

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 NAME STREET ADDRESS CITY-ST-ZIP	DT EMERSON, CHARLES H. 24017 OLD BELLAMY RD HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OELFKE, WAYNE R 27717 NW 62ND AVE HIGH SPRINGS FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYAN, MYRON W. 22416 OLD PROVIDENCE RD ALACHUA FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAW, MARILYN B 16504 NW 32ND AVE NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~X~~ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001
 Date

386-418-4008
 Daytime Phone #

RECEIVED JAN 2 2001 CR2E037 (10/00)