

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90086 050 ****61.25

DOCUMENT # 771342

1. Entity Name

ALACHUA COUNTY FARM BUREAU, LAA

Principal Place of Business

12600 M.L.K. BLVD
 STE 1303
 ALACHUA FL 32616-1180

Mailing Address

PO BOX 1180
 ATN: ~~FLK~~
 ALACHUA FL 32616-1180

2. Principal Place of Business

14435 NW US Hwy 441

3. Mailing Address

PO Box 1180

Suite, Apt. #, etc.

Suite 40

Suite, Apt. #, etc.

ATTN: M. Ke

City & State

Alachua, FL

City & State

Alachua, FL

Zip

Country

32616-1180

ALACHUA

Zip

Country

32616-1180

ALACHUA

4. FEI Number

59-0762130

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, MYRON W.
12600 M.L.K. BLVD
PO BOX 1180
ALACHUA FL 32616-1180

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

TITLE **DT** Delete
 NAME **EMERSON, CHARLES H.**
 STREET ADDRESS **24017 OLD BELLAMY RD**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **DV** Delete
 NAME **OELFKE, WAYNE R**
 STREET ADDRESS **27717 NW 62ND AVE**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **DP** Delete
 NAME **BRYAN, MYRON W.**
 STREET ADDRESS **22416 OLD PROVIDENCE RD**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **DS** Delete
 NAME **SHAW, MARILYN B**
 STREET ADDRESS **16504 NW 32ND AVE**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** Change Addition
 NAME **Rushing, Winston**
 STREET ADDRESS **PO Box 1252**
 CITY-ST-ZIP **ALACHUA, FL 32616-1252**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME ~~Myron Bryan~~
 STREET ADDRESS ~~22416 Old Providence Rd~~
 CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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.

Myron W. Bryan
 President

SIGNATURE:

SIGNATURE REQUIRED

1/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)