

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90349 009 ****61.25

12/00/01

DOCUMENT # 790610

1. Entity Name

DESOTO-CHARLOTTE FARM BUREAU, LAA

Principal Place of Business

1278 S.E. HWY 31
 ARCADIA FL 34266
 US

Mailing Address

1278 S.E. HWY 31
 ARCADIA FL 34266
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0817948

Applied For

Not Applicable

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

HARRISON, KENNETH
9180 NW LILY AVE
ARCADIA FL 34266

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

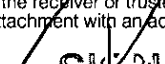
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	V/D	☐ Delete
NAME	AVANT, BOB	DEES, JOHN	
STREET ADDRESS	1336 SE HWY 31	P.O. BOX 1130	
CITY-ST-ZIP	ARCADIA FL 34266	ARCADIA FL 34266	
TITLE	D	S/D	☐ Delete
NAME	ADAMS, JEFFREY		
STREET ADDRESS	5539 NW COKER ST		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	D		☐ Delete
NAME	HARMAN, CHARLES		
STREET ADDRESS	RT. 6 BOX 5580		
CITY-ST-ZIP	ARCADIA FL 33821		
TITLE	PSD	T/D	☐ Delete
NAME	FUSSELL, LYNN	McQueen, John	
STREET ADDRESS	2922 N.W. ROAN STREET	9176 Gewant Blvd.	
CITY-ST-ZIP	ARCADIA FL 34266	Punta Gorda, FL 33982	
TITLE	D		☐ Delete
NAME	BROWNING, Z A		
STREET ADDRESS	7673 SE PARKER DR		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	D		☐ Delete
NAME	BREWER, JIM		
STREET ADDRESS	5597 SW COUNTY RD 760		
CITY-ST-ZIP	ARCADIA FL		

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			
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.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2001 883-4943636

Date

Daytime Phone #

CR2E037 (10/00)