

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90025 017 ****61.25

DOCUMENT # 790610

1. Entity Name

DESOTO-CHARLOTTE FARM BUREAU, LA

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** ☐ Delete
 NAME **DEES, JOHN-** Jeffrey Adams
 STREET ADDRESS **PO-BOX 1130** 5539 NW Coker Street
 CITY-ST-ZIP **ARCADIA FL 34266** Arcadia, Florida 34266

TITLE **D** ☐ Change ☒ Addition
 NAME **John Burtscher**
 STREET ADDRESS **3673 NW Poultry Street**
 CITY-ST-ZIP **Arcadia, Florida 34266**

TITLE **D** ☐ Delete
 NAME **ADAMS, JEFFEREY** Kenneth Harrison
 STREET ADDRESS **5539 NW COKER ST** 9180 NW Lily Ave.
 CITY-ST-ZIP **ARCADIA FL 34266** Arcadia, Florida 34266

TITLE **D** ☐ Change ☒ Addition
 NAME **Lynn Fussell**
 STREET ADDRESS **2922 NW Roan Street**
 CITY-ST-ZIP **Arcadia, Florida 34266**

TITLE **D** ☐ Delete
 NAME **HARMAN, CHARLES**
 STREET ADDRESS **FT. G BOX 5588** 3125 SE Lovejoy
 CITY-ST-ZIP **ARCADIA FL 33821** Arcadia, Florida 34266

TITLE **D** ☐ Change ☒ Addition
 NAME **V.C. Hollingsworth III**
 STREET ADDRESS **3013 NW County Road 661A**
 CITY-ST-ZIP **Arcadia, Florida 34266**

TITLE **TD** ☐ Delete
 NAME **MCQUEEN, JOHN** John Dees
 STREET ADDRESS **9176 GEWANT BLVD** P.O. Box 1130
 CITY-ST-ZIP **PUNTA GORDA FL 33982** Arcadia, Florida 34266

TITLE **D** ☐ Change ☒ Addition
 NAME **Brady Pfeil**
 STREET ADDRESS **6077 SE 2/4 Ranch Road**
 CITY-ST-ZIP **Arcadia, Florida 34266**

TITLE **D** ☐ Delete
 NAME **BROWNING, Z.A.** Bob Avant
 STREET ADDRESS **7673 SE PARKER DR** 1336 SE Hwy. 31
 CITY-ST-ZIP **ARCADIA FL 34266** Arcadia, Florida 34266

TITLE **D** ☐ Change ☒ Addition
 NAME **Ann Ryals**
 STREET ADDRESS **P.O. Box 127**
 CITY-ST-ZIP **Ft. Ogden, Florida 34267**

TITLE **D** ☐ Delete
 NAME **BREWER, JIM**
 STREET ADDRESS **5597 SW COUNTY RD 760**
 CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Malcome Turner**
 STREET ADDRESS **2173 NE Washington Street**
 CITY-ST-ZIP **Arcadia, Florida 34266**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2002

863-494-3636

Date

Daytime Phone #

CR2E037 (9/01)