

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90327 009 *****61.25

DOCUMENT # 790659

1. Entity Name

HIGHLANDS COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

6419 US 27 SOUTH
 SEBRING FL 33870
 US

6419 US 27 SOUTH
 SEBRING FL 33870
 US

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

same as above

City & State

same as above

4. FEI Number

59-1028609

Applied For

Not Applicable

Zip

same

Country

same

Zip

same

Country

same

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, MARK
12001 ARBUCKLE CR. RD.
SEBRING FL 33870

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	D	Delete
NAME	REYNOLDS, GREG	
STREET ADDRESS	521 LAKE FRANCIS	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	Delete
NAME	PAYNE, JOHN K	
STREET ADDRESS	338 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	Delete
NAME	O'NEAL, ANN	
STREET ADDRESS	6419 U.S. 27 SOUTH	
CITY-ST-ZIP	SEBRING FL	
TITLE	VP	Delete
NAME	KIROUAC, SCOTT	
STREET ADDRESS	320 KITE AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	P	Delete
NAME	BRYAN, MARFK	
STREET ADDRESS	12001 ARBUCKEL CREEK RD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	Delete
NAME	FUTCH, JEFF	
STREET ADDRESS	6419 US 27 S	
CITY-ST-ZIP	SEBRING FL	

TITLE	S	Change	Addition
NAME	Mason Smoak		
STREET ADDRESS	1025 CR 17 N		
CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D	Change	Addition
NAME	Donald Elliott		
STREET ADDRESS	1731 Lake Clay Dr		
CITY-ST-ZIP	Lake Placid, FL 33852		
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:

Mark Bryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

Daytime Phone #

CR2E037 (10/00)