

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90109 023 ****61.25

DOCUMENT # 790659

1. Entity Name
HIGHLANDS COUNTY FARM BUREAU, LAA



Principal Place of Business
**6419 US 27 SOUTH
SEBRING FL 33870
US**

Mailing Address
**6419 US 27 SOUTH
SEBRING FL 33870
US**

10054028



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1028609**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRYAN, MARK
12001 ARBUCKLE CR. RD.
SEBRING FL 33870**

7. Name and Address of New Registered Agent
Name **Greg Reynolds**
Street Address (R.O. Box Number Not Acceptable) **521 Lake Francis Dr**
City **Lake Placid** FL Zip Code **33852**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **3/31/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, MASON 1025 CR 17 NORTH LAKE PLACID FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, JOHN K 338 NW LAKEVIEW DR SEBRING FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEAL, ANN 6419 U.S. 27 SOUTH SEBRING FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIROUAC, SCOTT 320 KITE AVE SEBRING FL 33872 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, MARK 12001 ARBUCKEL CREEK RD SEBRING FL 33870 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIOTT, DONALD 1731 LAKE CLAY DRIVE LAKE PLACID FL 33852 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Reese Martin 1501 Mulberry Ave Lake Placid, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Drew Phypers 546 N Lakeview Lake Placid Fl 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg Reynolds 521 Lake Francis Dr Lake Placid Fl 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Kirouac 320 Kite Ave Sebring FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Bryan 12001 Arbutkel Creek Rd Sebring Fl 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Elliott 1731 Lake Clay Dr. Lake Placid, Fl 33852 <input checked="" 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: **3/31/03**

CR2E037 (10/02)