

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90116 048 ****61.25

DOCUMENT # 790719

1. Entity Name

CLAY COUNTY FARM BUREAU LAA

Principal Place of Business

**3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068**

Mailing Address

**3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068-4908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6177719**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**GODBOLD, JESSE
3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068**

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 ☐ Delete
NAME **D SHORT, ALMA**
STREET ADDRESS **918 ST JOHN AVE**
CITY-ST-ZIP **GREEN COVE SPRING FL**

TITLE ☐ Delete
NAME **D WILKINSON, MARION**
STREET ADDRESS **1019 COUNTY ROAD 17**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME **ST BOWER, BISHOP**
STREET ADDRESS **4025 GREEN ACRE RD**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE ☐ Delete
NAME **D CARTER, LEON**
STREET ADDRESS **2204 LOUIE CARTER RD**
CITY-ST-ZIP **BALDWIN FL**

TITLE ☐ Delete
NAME **P GODBOLD, JESSE**
STREET ADDRESS **205 PARK ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE ☐ Delete
NAME **D SPURLIN, GERALD L**
STREET ADDRESS **3199 SR-16 WEST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ 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: *Bishop Bower* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BISHOP BOWER

1/19/00

Date

(904) 282-0644

Daytime Phone #