

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90159 015 ****61.25

Principal Place of Business

Mailing Address

105 W ANDERSON ST
 MONTICELLO FL 32344
 US

105 W. ANDERSON ST.
 MONTICELLO FL 32344-1301
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1010268

Applied For

Not Applicable

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

LEWIS, DAVID S
 105 W ANDERSON ST
 MONTICELLO FL 32344

Name

Ernest Fulford

Street Address (P.O. Box Number is Not Acceptable)

105 W Anderson St

City

Monticello

FL

Zip Code

32344

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 | <input type="checkbox"/> Delete |
| NAME | LEWIS, DOROTHY P. | |
| STREET ADDRESS | RT. 1 BOX 233 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONROE, DANNY III | |
| STREET ADDRESS | RT 3 BOX 51 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYD, ALLEN | |
| STREET ADDRESS | RT 2 BOX 33 | |
| CITY-ST-ZIP | MONTICELLO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BIRD, BUCKINGHAM | |
| STREET ADDRESS | P.O. BOX 247 N/A | |
| CITY-ST-ZIP | MONTICELLO FL 32345 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | LEWIS, DAVID S | |
| STREET ADDRESS | 105 W. ANDERSON ST | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DEMOTT, HERBERT | |
| STREET ADDRESS | RT. 1, BOX 197-A | |
| CITY-ST-ZIP | MONTICELLO FL | |

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ernest Fulford | |
| STREET ADDRESS | 105 W Anderson St | |
| CITY-ST-ZIP | Monticello FL 32344 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Ernest Fulford, President

4/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)