

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0015463

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.

04-24-2001 90068 048 *****70.00

Principal Place of Business

Mailing Address

105 W ANDERSON ST
 MONTICELLO FL 32344
 US

105 W. ANDERSON ST.
 MONTICELLO FL 32344
 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 West 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 Ernest Fulford President

3/30/01

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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Ernest Fulford</u>	
STREET ADDRESS	<u>105 West Anderson St.</u>	
CITY-ST-ZIP	<u>Monticello, FL 32344</u>	
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)(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 OF REGISTERED AGENT President 3/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)