

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90074 042 ****70.00

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.

Principal Place of Business

105 W ANDERSON ST
 MONTICELLO FL 32344
 US

Mailing Address

105 W. ANDERSON ST.
 MONTICELLO FL 32344
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1010268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FULFORD, ERNEST
 105 W ANDERSON ST
 MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name **Stephen Monroe**

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

610 Hallelujah Lane

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

Stephen Monroe

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	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 type="checkbox"/> Delete
NAME	FULFORD, ERNEST	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Monroe	
STREET ADDRESS	610 Hallelujah Lane	
CITY-ST-ZIP	Monticello, FL 32344	
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 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 REQUIRED

4/23/02

850-997-547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)