

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266676

1. Entity Name

FARMERS UNION OIL AND ROYALTY COMPANY

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90056 049 ***150.00

Principal Place of Business

Mailing Address

3186 E JAMES LEE BLVD
CRESTVIEW FL 32539
US

3186 E JAMES LEE BLVD
CRESTVIEW FL 32539-5315
US

700852



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 **59-1083119**

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

HOWARD, MARY JANE
3186 E JAMES LEE BLVD
CRESTVIEW FL 32539

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOFFNER, ROY, COL.	
STREET ADDRESS	406 DOSTER ST.	
CITY-ST-ZIP	ENTERPRISE AL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRENCH, NELLIE MAE	
STREET ADDRESS	10716 GREEN ST.	
CITY-ST-ZIP	WHITESVILLE KY	
TITLE	PTMD	<input type="checkbox"/> Delete
NAME	HOWARD, MARY JANE	
STREET ADDRESS	3186 E JAMES LEE BLVD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHAFFEY, JEAN F.	
STREET ADDRESS	103 BEECH ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COURTWRIGHT, IRENE	
STREET ADDRESS	221 8TH AVENUE E	
CITY-ST-ZIP	TWIN FALLS ID 83301	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, ROSE M	
STREET ADDRESS	5248 MORRIS ST	
CITY-ST-ZIP	CRESTVIEW 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAFFEY, JEAN F	
STREET ADDRESS	103 BEECH ST	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE EARL ODOM	
STREET ADDRESS	5428 NEWMAN ST	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Jane Howard (MARY JANE HOWARD) 1-5-2000 (850) 682-2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)