

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771342

1. Entity Name

ALACHUA COUNTY FARM BUREAU, LAA

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90021 012 ****61.25

Principal Place of Business 4507 NORTHWEST 6TH STREET GAINESVILLE FL 32609-1793	Mailing Address 4507 NORTHWEST 6TH STREET GAINESVILLE FL 32609-1793 1793
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0762130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYAN, MYRON W. 4507 N.W. 6TH ST. GAINESVILLE FL 32609-1793
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	DT EMERSON, CHARLES H. 24017 OLD BELLAMY RD HIGH SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OELFKE, WAYNE R 27717 NW 62ND AVE HIGH SPRINGS FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYAN, MYRON W. 22416 OLD PROVIDENCE RD ALACHUA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAW, MARILYN B 16504 NW 32ND AVE NEWBERRY FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles H. Emerson* SIGNATURE REQUIRED *Charles H. Emerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/14/2000 Daytime Phone #: 352-378-1389

CR2E037 (9/99)