

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790439

1. Entity Name

COLLIER COUNTY FARM BUREAU LAA

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90016 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

395 NORTH 15TH ST  
IMMOKALEE FL 33934

395 NORTH 15TH ST  
IMMOKALEE FL 34142-3402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6177720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BARFIELD, JAMES E  
395 N 15TH STREET  
IMMOKALEE FL 34142

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

*James E Barfield President*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*1/19/00*  
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** ☐ Delete  
NAME **NEWSOME, ROBERT**  
STREET ADDRESS **1320 N 15TH STREET**  
CITY-ST-ZIP **IMMOKALEE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **FLOYD CREWS**  
STREET ADDRESS **P.O. BOX 610**  
CITY-ST-ZIP **Immokalee, FL 34142**

TITLE **V** ☒ Delete  
NAME **COLEMAN, ROBERT M.**  
STREET ADDRESS **1400 N 15TH STREET, SUITE A**  
CITY-ST-ZIP **IMMOKALEE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES SPIRES**  
STREET ADDRESS **PO BOX 1048**  
CITY-ST-ZIP **IMMOKALEE, FL 34142**

TITLE **D** ☐ Delete  
NAME **PRICE, STEPHEN**  
STREET ADDRESS **1400 N. 15TH STREET**  
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ Change ☒ Addition  
NAME **DON NORRIS**  
STREET ADDRESS **315 THOMPSON AVE**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **ST** ☐ Delete  
NAME **SHERROD, MILDRED**  
STREET ADDRESS **P.O. BOX 875 N/A**  
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ Change ☒ Addition  
NAME **JACK JOHNSON JR.**  
STREET ADDRESS **PO BOX 5003**  
CITY-ST-ZIP **IMMOKALEE, FL 34143**

TITLE **D** ☐ Delete  
NAME **WARFORD, STANLEY R.**  
STREET ADDRESS **P.O. BOX 5123 N/A**  
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ Change ☒ Addition  
NAME **ANDY NEUHOFFER**  
STREET ADDRESS **2961 SHELL PIT ROAD**  
CITY-ST-ZIP **ARCADIA, FL**

TITLE **P** ☐ Delete  
NAME **BARFIELD, JAMES**  
STREET ADDRESS **395 N. 15TH STREET**  
CITY-ST-ZIP **IMMOKALEE FL 33934**

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:

*James E Barfield President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/00*  
Date

Daytime Phone #

CR2E037 (9/99)