

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90010 013 ****61.25

DOCUMENT # 790439

1. Entity Name

COLLIER COUNTY FARM BUREAU LAA

Principal Place of Business

**395 NORTH 15TH ST
 IMMOKALEE FL 33934**

Mailing Address

**395 NORTH 15TH ST
 IMMOKALEE FL 33934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6177720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **FLOYD CREWS**
 STREET ADDRESS **PO BOX 610**
 CITY-ST-ZIP **IMMOKALEE FL 34143**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDY NEUHOFFER**
 STREET ADDRESS **1961 SHELL PIT ROAD**
 CITY-ST-ZIP **ARCADIA FL 34260**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James E Barfield

7/10/01 941-667-3662

CR2E037 (5/01)