

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90007 004 ****61.25

DOCUMENT # 790439

1. Entity Name

COLLIER COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

395 NORTH 15TH ST
 IMMOKALEE FL 33934

395 NORTH 15TH ST
 IMMOKALEE FL 33934

2. Principal Place of Business

3. Mailing Address

5278 Golden Gate Parkway
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34116

Collier

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James E. Barfield President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	D	NAME	NEWSOME, ROBERT	STREET ADDRESS	1320 N 15TH STREET	CITY-ST-ZIP	IMMOKALEE FL	<input type="checkbox"/> Delete
TITLE	D	NAME	SPIRES, JAMES	STREET ADDRESS	PO BOX 1048	CITY-ST-ZIP	IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE	D	NAME	PRICE, STEPHEN	STREET ADDRESS	1400 N. 15TH STREET	CITY-ST-ZIP	IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE	D	NAME	CREWS, FLOYD	STREET ADDRESS	P.O. BOX 610	CITY-ST-ZIP	IMMOKALEE FL 34143	<input type="checkbox"/> Delete
TITLE	D	NAME	WARFORD, STANLEY R.	STREET ADDRESS	P.O. BOX 5123 N/A	CITY-ST-ZIP	IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE	P	NAME	BARFIELD, JAMES	STREET ADDRESS	395 N 15TH STREET	CITY-ST-ZIP	IMMOKALEE FL 33934	<input type="checkbox"/> Delete

TITLE	D	NAME	WICK JOHNSON JR.	STREET ADDRESS	P.O. BOX 5003	CITY-ST-ZIP	IMMOKALEE FL 34143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	CURTIS BICKER JR	STREET ADDRESS	1404 LEMON TREE DR.	CITY-ST-ZIP	IMMOKALEE FL 34142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	DON NORRIS	STREET ADDRESS	315 THOMPSON AVE	CITY-ST-ZIP	LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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

7/8/02

Daytime Phone #