

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91383 013 \*\*\*\*\*61.25

**DOCUMENT # 790439**

1. Entity Name

**COLLIER COUNTY FARM BUREAU LAA**



Principal Place of Business

**5278 GOLDEN GATE PARKWAY  
NAPLES FL 34116**

Mailing Address

**395-NORTH 15TH ST  
IMMOKALEE FL 33984**

2. Principal Place of Business

3. Mailing Address

**5278 Golden Gate Parkway**

Suite, Apt. #, etc.

**Suite #1**

City & State

**NAPLES FL**

Zip

**34116**

Country

**Collier**



☒ CHECK HERE IF MAKING CHANGES

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 **Curtis Blocker Jr.**

Street Address (P.O. Box Number is Not Acceptable) **5278 Golden Gate Parkway Ste #1**

City **Naples**

**FL**

Zip Code **34116**

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 **Curtis Blocker Jr.**

**4/22/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Don Norris</b>	
STREET ADDRESS	<b>315 Thom Don Ave</b>	
CITY-ST-ZIP	<b>High Acres FL 33972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mike Doria</b>	
STREET ADDRESS	<b>PO Box 8266</b>	
CITY-ST-ZIP	<b>Naples FL 34101</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack Johnson Jr.</b>	
STREET ADDRESS	<b>PO Box 5003</b>	
CITY-ST-ZIP	<b>Immokalee FL 34143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alesia Priddy</b>	
STREET ADDRESS	<b>PO Box 930</b>	
CITY-ST-ZIP	<b>Immokalee FL 34143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CURTIS BLOCKER JR. REQUIRED**

**4/22/2003 (239) 262-3667**

CR2E037 (10/02)