

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790440

1. Entity Name

MARION COUNTY FARM BUREAU, LAA

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90056 003 \*\*\*\*61.25

Principal Place of Business	Mailing Address
5800 S W 20 TH STREET OCALA FL 34474 US	5800 S W 20 TH STREET OCALA FL 34474-9360 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-0674589	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUHL, JR. J. 7530 SOUTH WEST 38TH AVENUE OCALA FL 34476	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 \_\_\_\_\_  
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. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHL, JR J	NAME	
STREET ADDRESS	7530 SW 38TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBISON, TROY	NAME	AL KUNZ
STREET ADDRESS	RR 1 BOX 1701	STREET ADDRESS	10850 NE County Rd 315 Ft McCoy 3213
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, RICHARD	NAME	
STREET ADDRESS	2940 W S.S. BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, TODD	NAME	
STREET ADDRESS	1420 SE 10TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANARD, GRANT	NAME	
STREET ADDRESS	2850 N.W. 100TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, D A JR	NAME	
STREET ADDRESS	2930 SE 41ST PLACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	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: SIGNATURE REQUIRED 2-9-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)