

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90058 041 \*\*\*\*61.25

**DOCUMENT # 790443**

1. Entity Name

**JACKSON COUNTY FARM BUREAU LAA**

Principal Place of Business

**4442 LAFAYETTE STREET  
 MARIANNA FL 32446**

Mailing Address

**4442 LAFAYETTE STREET  
 MARIANNA FL 32446-3424  
 US**

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

**59-0711690**

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

**PITTMAN, JEFFERY  
 3980 WINTERGREEN ROAD  
 GREENWOOD FL 32443**

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

*Jeffery Pittman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-01-01**

**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 **P** ☐ Delete  
 NAME **PITTMAN, JEFFERY**  
 STREET ADDRESS **4442 LAFAYETTE ST**  
 CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SHIVER, JERRY**  
 STREET ADDRESS **450 TRI-COUNTY RD**  
 CITY-ST-ZIP **GRACEVILLE, FL 32440**

TITLE **STD** ☐ Delete  
 NAME **FLOYD, HANK**  
 STREET ADDRESS **5881 OLD US ROAD**  
 CITY-ST-ZIP **MALONE FL 32445**

TITLE **D** ☐ Change ☒ Addition  
 NAME **L.E. McMILLIAN, JR.**  
 STREET ADDRESS **7130 GREEN RD**  
 CITY-ST-ZIP **SNEADS, FL 32460**

TITLE **V** ☐ Delete  
 NAME **BRANCH, JASON**  
 STREET ADDRESS **7378 SHADY GROVE ROAD**  
 CITY-ST-ZIP **GRAND RIDGE FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **FORREST DILMORE**  
 STREET ADDRESS **P O BOX 941**  
 CITY-ST-ZIP **COTTONDALE, FL 32431**

TITLE **D** ☒ Delete  
 NAME **DIETRICH, GORDON**  
 STREET ADDRESS **1987 HWY. 2**  
 CITY-ST-ZIP **GRACEVILLE FL**

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

TITLE **D** ☐ Delete  
 NAME **CALLOWAY, JAMES**  
 STREET ADDRESS **4637 HWY 2**  
 CITY-ST-ZIP **MALONE FL 32445**

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

TITLE **D** ☒ Delete  
 NAME **DANIELS, LELAND**  
 STREET ADDRESS **6869 MESSER ROAD**  
 CITY-ST-ZIP **SNEADS FL 32460**

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:

*Jeffery Pittman*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-01-01 (850) 482-5751**

Date

Daytime Phone #

CR2E037 (10/00)