

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2002 90028 048 ****61.25

DOCUMENT # 790443

1. Entity Name

JACKSON COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

**4442 LAFAYETTE STREET
 MARIANNA FL 32446**

**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

Signature, last 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	PITTMAN, JEFFREY	
STREET ADDRESS	4442 LAFAYETTE ST	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FLOYD, HANK	
STREET ADDRESS	5881 OLD US ROAD	
CITY-ST-ZIP	MALONE FL 32445	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANCH, JASON	
STREET ADDRESS	7378 SHADY GROVE ROAD	
CITY-ST-ZIP	GRAND RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVER, JERRY	
STREET ADDRESS	450 TRI-COUNTY RD	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLOWAY, JAME	
STREET ADDRESS	4637 HWY 2	
CITY-ST-ZIP	MALONE FL 32445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, L.E. JR	
STREET ADDRESS	7130 GREEN RD	
CITY-ST-ZIP	SNEADS FL 32460	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

JEFFREY PITTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)