

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790447

1. Entity Name

LEE COUNTY FARM BUREAU, LAA.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90052 036 ****61.25

Principal Place of Business

2744 E EDISON AVE.
FT MYERS FL 33916

Mailing Address

2744 E EDISON AVE.
FT MYERS FLA 33916-5306

2. Principal Place of Business

14180 Metropolis Avenue
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

14180 Metropolis Avenue
Suite, Apt. #, etc.
Suite 1

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

59-1110069

Applied For

Not Applied

Zip
33912

Country
Lee

Zip
33912

Country
Lee

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

MCAHON, SHELLY D
8500 PENZANCE BLVD.
FORT MYERS FL 33912

Name

Jerry Schuetz

Street Address (P.O. Box Number is Not Acceptable)

15130 N. Pebble Lane

City

Fort Myers

FL

Zip Code
33912

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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 V ☐ Delete
NAME SCHUETZ, JERRY
STREET ADDRESS 15130 N. PEBBLE LANE
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE T ☐ Delete
NAME MCAHON, ROBERT E. JR.
STREET ADDRESS 8500 PENZANCE BLVD.
CITY-ST-ZIP FT MYERS, FL 33908 33912

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip Code is 33912

TITLE S ☐ Delete
NAME MCAHON, ROBERT E JR
STREET ADDRESS 8500 PENZANCE BLVD.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE Director ☐ Change ☒ Addition
NAME George T. Hawkins Jr.
STREET ADDRESS 17060 E. Lake Drive
CITY-ST-ZIP North Fort Myers, FL 33917

TITLE P ☐ Delete
NAME MCAHON, SHELLY D
STREET ADDRESS 8500 PENZANCE BLVD.
CITY-ST-ZIP FT. MYERS FL 33912

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

TITLE D ☐ Delete
NAME NYCHYK JR., ANDREW J.
STREET ADDRESS 6944 OLD WHISKEY CREEK DR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE Vice- President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HAWKINS, GEORGE T. JR.
STREET ADDRESS 17060 E. LAKE DR.
CITY-ST-ZIP NORTH FT MYERS FL 33917

TITLE Secretary - Treasurer ☐ Change ☒ Addition
NAME J. Park Dowdy
STREET ADDRESS 14320 Cemetery Road
CITY-ST-ZIP Fort Myers, FL 33905

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-561-5100

1/20/00