

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90076 035 ****61.25

DOCUMENT # 790447

1. Entity Name

LEE COUNTY FARM BUREAU, LAA.

Principal Place of Business

Mailing Address

**14180 METROPOLIS AVE
 SUITE 1
 FORT MYERS FL 33912**

**14180 METROPOLIS AVE
 SUITE 1
 FORT MYERS FL 33912**

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

59-1110069

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

**SCHUETZ, JERRY
 15130 N. PEBBLE LANE
 FORT MYERS FL 33912**

Name **J. Park Dowdy**

Street Address (P.O. Box Number is Not Acceptable)
14320 Cemetary Rd.

City **Fort Myers**

FL

Zip Code
33905

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 *J. Park Dowdy*, **J. PARK DOWDY PRES.**

4-5-02

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Shane Parker**
 STREET ADDRESS **5400 Buckingham Rd.**
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE **S** ☐ Delete
 NAME **HAWKINS, GEORGE T JR**
 STREET ADDRESS **17060 E LAKE DRIVE**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

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

TITLE **Director** ☐ Change ☒ Addition
 NAME **Kent Kelley**
 STREET ADDRESS **6901 Hendry creek Dr.**
 CITY-ST-ZIP **Fort Myers, FL 33908**

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

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **DOWDY, J. PARK**
 STREET ADDRESS **14320 CEMETARY ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **President** ☒ 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: *J. Park Dowdy*, **J. PARK DOWDY PRES.** **4-5-02** **239.561.5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)