

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790452**

1. Entity Name

ST. LUCIE COUNTY FARM BUREAU, LAA

Principal Place of Business

**3327 ORANGE AVE.
FT. PIERCE FL 34947-3561**

Mailing Address

**3327 ORANGE AVE.
FT. PIERCE FL 34947-3561**

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

59-0830043Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIRARD JR, J B
5404 EAGLE DR
FORT PIERCE FL 34951**

7. Name and Address of New Registered Agent

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

PRESIDENT**1-18-00****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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIRARD, J BRANTLEY JR	
STREET ADDRESS	5404 EAGLE DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELSETH, BRIAN	
STREET ADDRESS	17580 HAMMOCK LANE	
CITY-ST-ZIP	FT PIERCE FL 34988	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHIRARD, BRYAN D	
STREET ADDRESS	1111 TRINIDAD AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAZZULLA, PHILIP P	
STREET ADDRESS	4102 SABAL PALM DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT J	
STREET ADDRESS	2650 KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNYAN, SUSAN	
STREET ADDRESS	8400 PICOS RD	
CITY-ST-ZIP	FT. PIERCE, FL 34945	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #