

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790479

1. Entity Name

COLUMBIA COUNTY FARM BUREAU LAA.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90184 016 \*\*\*\*61.25

Principal Place of Business

SOUTH ON HWY 47  
RT.10.BOX 918  
LAKE CITY FL 32025  
US

Mailing Address

SOUTH ON HWY 47  
RT.10.BOX 918  
LAKE CITY FL 32025-8877  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GOCEK, LARRY  
RT 2 BOX 950  
HIGH SPRINGS FL 32843

Name

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

City

FL

Zip Code

4. FEI Number **59-1082806**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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

**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	D	<input type="checkbox"/> Delete
NAME	GOCEK, LARRY	
STREET ADDRESS	ROUTE 2, BOX 950	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELEY, LAMAR	
STREET ADDRESS	ROUTE 1, BOX 312	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, RANDY	
STREET ADDRESS	ROUTE 4, BOX 40	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, JAMES I.	
STREET ADDRESS	ROUTE 5, BOX 608	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, W. H.	
STREET ADDRESS	ROUTE 8, BOX 3960	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, C. W.	
STREET ADDRESS	ROUTE 6, BOX 69	
CITY-ST-ZIP	LAKE CITY FL	

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		<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		
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

(904) 752-4003

Daytime Phone #