

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790479

1. Entity Name

COLUMBIA COUNTY FARM BUREAU LAA.

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90044 024 ****61.25

Principal Place of Business

Mailing Address

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

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

441001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1082806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOCEK, LARRY
RT 2 BOX 950
HIGH SPRINGS FL 32643

Name CHARLIE H. CRAWFORD

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

Rt 2 Box 3416

City

LAKE CITY

FL

Zip Code

32024

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 firm 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 D ☒ Delete
NAME GOCEK, LARRY
STREET ADDRESS ROUTE 2, BOX 950
CITY-ST-ZIP HIGH SPRINGS FL

TITLE P ☒ Change ☐ Addition
NAME CHARLIE H. CRAWFORD
STREET ADDRESS Rt 2 Box 3416
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Delete
NAME MOSELEY, LAMAR
STREET ADDRESS ROUTE 1, BOX 312
CITY-ST-ZIP FT. WHITE FL

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

TITLE D ☐ Delete
NAME KING, RANDY
STREET ADDRESS ROUTE 4, BOX 40
CITY-ST-ZIP LAKE CITY FL

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

TITLE D ☐ Delete
NAME TERRY, JAMES I.
STREET ADDRESS ROUTE 5, BOX 608
CITY-ST-ZIP LAKE CITY FL

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

TITLE D ☐ Delete
NAME TOWNSEND, W. H.
STREET ADDRESS ROUTE 8, BOX 3960
CITY-ST-ZIP LAKE CITY FL

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

TITLE D ☐ Delete
NAME HILL, C. W.
STREET ADDRESS ROUTE 6, BOX 69
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLIE H. CRAWFORD 1-8-02 (382) 752-4003

Date

Daytime Phone #

CR2E037 (9/01)