

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90058 049 ****61.25

DOCUMENT # 790479

1. Entity Name

COLUMBIA COUNTY FARM BUREAU LAA.



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~~ 605 SW SR 47
LAKE CITY FL 32025
US**

60008101



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

**CRAWFORD, CHARLIE H
RT 2 BOX 3416
LAKE CITY FL 32024**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CRAWFORD, CHARLIE H**
STREET ADDRESS **RT 2 BOX 3416**
CITY-ST-ZIP **LAKE CITY FL 32024**

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

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 (386) 752-4003

CR2E037 (10/02)