

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790542

1. Entity Name

WEST FLORIDA FARMERS COOPERATIVE

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90024 021 ****61.25

Principal Place of Business

Mailing Address

585 N. 9TH ST.
DEFUNIAK SPRINGS FL 32433
US

585 N. 9TH STREET
DEFUNIAK SPRINGS FL 32433-3801
US

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

59-0585059

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

MOUNT, WILLARD
BOX 1253 LAKEWOOD CUTOFF
PAXTON FL 32538

Name

Cole, Dale

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

380 Adams Ranch Rd

City

Defuniak Springs, FL

Zip Code

32433

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

Feb 10, 2000

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 BOZEMAN RONNIE
STREET ADDRESS 145 BRYAN RD
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE D ☐ Delete
NAME KING, EARL
STREET ADDRESS 2697 BEN KING ROAD
CITY-ST-ZIP FREEPORT FL

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HERRING RONALD
STREET ADDRESS 2192 BROWN ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE S ☐ Delete
NAME HUCKABA, GAYLE
STREET ADDRESS 1725 HUCKABA RD
CITY-ST-ZIP LAUREL HILL FL 32567

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

TITLE D ☐ Delete
NAME HOLLINGTON, SIDNEY
STREET ADDRESS 30 PRUESS DR
CITY-ST-ZIP FREEPORT FL 32439

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

TITLE D ☐ Delete
NAME HOBBS, DARRELL
STREET ADDRESS 508 NEW HARMONY LOOP
CITY-ST-ZIP DEFUNIAK SPRINGS 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 #

Feb 10, 2000

850-892 5522

CR2E037 (9/99)