

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 790542

1. Entity Name

WEST FLORIDA FARMERS COOPERATIVE

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



DO NOT WRITE IN THIS SPACE

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 10, 2000

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 Delete
 NAME **D BOZEMAN RONNIE**
 STREET ADDRESS **145 BRYAN RD**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE Change Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D 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

[Signature]
Feb 10, 2000
 Date

850-892 5522
 Daytime Phone #

CR2E037 (9/99)