

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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90120 047 \*\*\*\*61.25

**DOCUMENT # 790560**

1. Entity Name  
**BRADFORD COUNTY FARM BUREAU LAA**



Principal Place of Business  
**2270 N. TEMPLE AVE.  
STARKE FL 32091**

Mailing Address  
**2270 N. TEMPLE AVE.  
STARKE FL 32091**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-6177717</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>GASKINS, JAMES W.</b> <b>RT. 2, BOX 2095</b> <b>STARKE FL 32091</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GASKINS, JAMES W.</b>		NAME	<b>Baldree, C.A. (Andy)</b>	
STREET ADDRESS	<b>RT. 2, BOX 2095</b>		STREET ADDRESS	<b>1269 SE 97th St</b>	
CITY-ST-ZIP	<b>STARKE FL</b>		CITY-ST-ZIP	<b>Starke, FL 32091</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, GEORGE</b>		NAME		
STREET ADDRESS	<b>RT 2 BOX 2145</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STARKE FL 32091</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, GEORGE</b>		NAME		
STREET ADDRESS	<b>6323 PAYNE RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32091</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDREE, CHARLES Charles</b>		NAME		
STREET ADDRESS	<b>8548 IMMOKALEE ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATERSON, BOB</b>		NAME		
STREET ADDRESS	<b>RT. 2 BOX 2815</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STARKE FL</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNDERHILL, RICHARD</b>		NAME		
STREET ADDRESS	<b>RT. 2 BOX 1760</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STARKE FL 32091</b>		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: *James Gaskins* **JAMES GASKINS** 3/27/03 904964-6369

CR2E037 (10/02)