

# 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**

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 **59-6177717**

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

**GASKINS, JAMES W.  
RT. 2, BOX 2095  
STARKE FL 32091**

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	GASKINS, JAMES W.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT. 2, BOX 2095	
CITY-ST-ZIP		STARKE FL	
TITLE	D	GRANT, GEORGE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT 2 BOX 2145	
CITY-ST-ZIP		STARKE FL 32091	
TITLE	D	PAYNE, GEORGE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6323 PAYNE RD.	
CITY-ST-ZIP		KEYSTONE HEIGHTS FL 32091	
TITLE	D	BALDREX, CHARLES Charles	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		8548 IMMOKALEE ROAD	
CITY-ST-ZIP		KEYSTONE HEIGHTS FL 32656	
TITLE	D	PATERSON, BOB	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT. 2 BOX 2815	
CITY-ST-ZIP		STARKE FL	
TITLE	ST	UNDERHILL, RICHARD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT. 2 BOX 1760	
CITY-ST-ZIP		STARKE FL 32091	

TITLE	VP	BALDREX, C.A. (ANDY)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1269 SE 97th St	
CITY-ST-ZIP		Starke, FL 32091	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Gaskins* **James Gaskins** 3/27/03 904964-6369

CR2E037 (10/02)