

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790610

1. Entity Name

DESOTO-CHARLOTTE FARM BUREAU, LAA

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90121 009 ****61.25

Principal Place of Business

1278 S.E. HWY 31
ARCADIA FL 34266
US

Mailing Address

1278 S.E. HWY 31
ARCADIA FL 34266-7737
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

59-0817948

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

HARRISON, KENNETH
9180 NW LILY AVE
ARCADIA FL 34266

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	AVANT, BOB	
STREET ADDRESS	1336 SE HWY 31	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, MAE	
STREET ADDRESS	P.O. BOX 1500 N/A	
CITY-ST-ZIP	ARCADIA FL 34265	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMAN, CHARLES	
STREET ADDRESS	RT. 6 BOX 5580	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	FUSSELL, LYNN	
STREET ADDRESS	2922 N.W. ROAN STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAFRON, ED	
STREET ADDRESS	2323 SANDIPINE DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, JIM	
STREET ADDRESS	5597 SW COUNTY RD 760	
CITY-ST-ZIP	ARCADIA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Adams	
STREET ADDRESS	5539 NW Coker Street	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Z.A. Browning	
STREET ADDRESS	7673 SE Parker Drive	
CITY-ST-ZIP	Arcadia, Florida 34266	
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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

Daytime Phone #

CR2E037 (9/99)