

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90251 035 ****61.25

DOCUMENT # 790610

1. Entity Name

DESOTO-CHARLOTTE FARM BUREAU, LAA



Principal Place of Business

**1278 S.E. HWY 31
ARCADIA FL 34266
US**

Mailing Address

**1278 S.E. HWY 31
ARCADIA FL 34266
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. 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 **VD** ☐ Delete
NAME **ADAMS, JEFFREY**
STREET ADDRESS **5539 NW COKER STREET**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **PD** ☐ Delete
NAME **HARRISON, KENNETH**
STREET ADDRESS **9180 NW LILY AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **D** ☐ Delete
NAME **HARMAN, CHARLES**
STREET ADDRESS **3125 SE LOVEJOY**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **STU** ☒ Delete
NAME **DEES, JOHN**
STREET ADDRESS **P.O. BOX 1130**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☒ Addition
NAME **STU**
STREET ADDRESS **Jim Selph**
CITY-ST-ZIP **P.O. Box 310**

TITLE **D** ☒ Delete
NAME **AVANT, BOB**
STREET ADDRESS **1336 SE HWY 31**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **John Burtscher**
CITY-ST-ZIP **3673 NW Poultry Street**

TITLE **D** ☐ Delete
NAME **BREWER, JIM**
STREET ADDRESS **5597 SW COUNTY RD 760**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Arcadia, Florida 34266**

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]* SIGNATURE REQUIRED

4-30-2003

CR2E037 (10/02)