

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790611

1. Entity Name

SUMTER COUNTY FARM BUREAU LAA

Principal Place of Business

7610 SR 471
BUSHNELL FL 33513
US

Mailing Address

7610 SR 471
BUSHNELL FL 33513
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

59-1028366

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

LEE, WAYNE

8414 CR 221

WILDWOOD FL 34785

Name

PAUL M. MAZAK, II

Street Address (P.O. Box Number is Not Acceptable)

6874 CR 736

City

CENTER HILL

FL

Zip Code

33514

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]

PAUL M. MAZAK, II PRESIDENT

APRIL 05, 2001

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
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MCKINNEY, RACHEL
346 CR 231
WILDWOOD FL 34785 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LEE, WAYNE
8414 CR 221
WILDWOOD FL 34785 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
TODD, CHARLES
P.O. BOX 279
WEBSTER FL 33597 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MAZAK, II, PAUL
6874 CR 736
CENTER HILL, FL 33514 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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]

PAUL M. MAZAK, II PRESIDENT

04-05-01

(352) 793-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0092552

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90104 002 ****61.25