

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90059 037 ****61.25

DOCUMENT # 790624

1. Entity Name

HARDEE COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

1017 US HWY 17 N
 WAUCHULA FL 33873
 US

1017 US HWY 17 N
 WAUCHULA FL 33873
 US

DUUJ4J04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0752041

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WADSWORTH, GEORGE L
1017 US HWY 17 N
WAUCHULA FL 33873

Name **Norman Jay Bryan**

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

1017 U.S. Hwy 17 North

City **Wauchula**

FL

Zip Code
33873

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 **PD** ☐ Delete
 NAME **ROYAL, DAVID**
 STREET ADDRESS **308 BELL STREET**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **President** ☐ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **SMITH, DANIEL**
 STREET ADDRESS **720 SIDNEY ROBERTS RD.**
 CITY-ST-ZIP **ONA FL 33865**

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Steve Johnson**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☒ Delete
 NAME **PARIS, PAUL**
 STREET ADDRESS **720 STENSTROM RD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **Secretary / Treasurer** ☐ Change ☒ Addition
 NAME **Bo-Rich**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B Royal

4/19/02

863-773-3117

Date

Daytime Phone #

CR2E037 (9/01)