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

## **DOCUMENT # 790624**

1. Entity Name

## HARDEE COUNTY FARM BUREAU LAA



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

05-05-2003 90262 035 \*\*\*\*61.25

Principal Place of Business  1017 US HWY 17 N WAUCHULA FL 33873 US		Mailing Address 1017 US HWY 17 N WAUCHULA FL 33873 US				1 ( <b>188</b> 1)) 1 <b>881) 18</b> 1	! AANA ANA NA NA NA NA NA	ı Bidil dibil kibil bibi	11 <b>0</b> 1014 5001	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number <b>59-0752041</b> Applied For Not Applicable				
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired		tus Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	red Agent Name			7. Name and Address of New Registered Agent				
BRYON, N	ORMAN J Should read:	Bryan, Norma	n. Norman J Stan Address			(P.O. Box Number is Not Acceptable)				
1017 US H	IWY 17 N	10/7 U.S. Hwy 1 Wauchula, Fl. 3	7N.	Olicel Add	ACCOUNTS (ACCOUNTS (ACCOUNTS)					
WAUCHUL	A FL 33873	Vallanti. 338.13						_∎ Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its region.								- L		
SIGNATURE	ons of registered agent.  Uovernment of registered agent	anditife if applicable. (NO	TE: Registere	ed Agent signature	required v	when reinstating)	DA	TE		
: e e "			Contribut	tion.		\$5.00 May Be Added to Fees	Florida Dep	eck Payable partment of S	State	
10.	OFFICERS AND DI		11.	· ·	A	DDITIONS/CHANGE	S TO OFFICERS AND			
NAME STREET ADDRESS	ROYAL, DAVID 308 BELL STREET WAUCHULA FL 33873	☐ Delete						☐ Change	Addition Addition	
NAME STREET ADDRESS	vpd Smith, daniel 720 Sidney Roberts Rd. Ona Fl 33865	Delete		ME EET ADDRESS 7-ST-ZIP	UPD Johnson, Steve 3040 April 21 664 Booling Green FL 338		664 . 33834	☐ Change	☐ Addition	
NAME STREET ADDRESS	ST RICH, BO 720 STENSTROM RD WAUCHULA FL 33873	☐ Delete		EET ADDRESS	ST Lich SOR Daug	. Bo Riverside Di chula. Fl. 3:	11VC 3873	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY	NE EET ADDRESS '-ST-ZIP				Change	Addition	

2. 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 another 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 for the state of the corporation or the receiver for the state of the corporation or the receiver for the state of the corporation of the corporation of the corporation or the receiver for the state of the corporation of the corpora

rnes.

**SIGNATURE:** 

THAT HE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-03

863-773-3117