

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90081 045 \*\*\*\*61.25

008417

**DOCUMENT # 790631**

1. Entity Name  
**MARTIN COUNTY FARM BUREAU, LAA**

Principal Place of Business      Mailing Address  
**2227 S. KANNER HWY**      **2227 S. KANNER HWY**  
**STUART FL 34994**      **STUART FL 34994**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

H000728J



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6177729**      Applied For   
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MINEAR, JUDSON**  
**2227 S KANNER HWY**  
**STUART FL 34994**

7. Name and Address of New Registered Agent  
 Name **Whitty, Robert**  
 Street Address (P.O. Box Number is Not Acceptable) **231 Indian Grove Drive**  
 City **Stuart**      FL      Zip Code **34994**

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 **Robert Whitty**      *Robert Whitty*      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 P NISSEN, ERIC	<input type="checkbox"/> Delete	TITLE NAME VP Slay, James P., Jr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O BOX 573		STREET ADDRESS 18316 SW Farm Road	
CITY-ST-ZIP HOBE SOUND FL 33475		CITY-ST-ZIP Indiantown, FL 34956	
TITLE NAME VP SNYDER, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME T Whitty, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 S. KANNER HWY		STREET ADDRESS 231 Indian Grove Drive	
CITY-ST-ZIP STUART FL 34997		CITY-ST-ZIP Stuart, FL 34994	
TITLE NAME T MINEAR, JUDSON	<input checked="" type="checkbox"/> Delete	TITLE NAME D Mindar, Judson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2227 S KANNER HWY		STREET ADDRESS 2227 S. Kanner Hwy	
CITY-ST-ZIP STUART FL		CITY-ST-ZIP Stuart, FL 34994	
TITLE NAME D WHITTY, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE NAME D Snyder, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2614 SE DIXIE HWY		STREET ADDRESS 3001 S. Kanner Hwy	
CITY-ST-ZIP STUART FL 34996		CITY-ST-ZIP Stuart, FL 34997	
TITLE NAME D REMELIUS, PAUL	<input checked="" type="checkbox"/> Delete	TITLE NAME D SCARBOROUGH, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2227 S KANNER HWY		STREET ADDRESS P O BOX 1746	
CITY-ST-ZIP STUART FL		CITY-ST-ZIP JUPITER FL 33468	

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: *Eric Nissen*      **Eric Nissen, Pres.**      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)