

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90070 041 ****61.25

DOCUMENT # 790631

1. Entity Name
MARTIN COUNTY FARM BUREAU, LAA



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

Mailing Address
**2227 S. KANNER HWY
STUART FL 34994**

90004210



CHECK HERE IF MAKING CHANGES

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 **59-6177729**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITTY, ROBERT
231 INDIAN GROVE DR
STUART FL 34994**

7. Name and Address of New Registered Agent

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	P	<input checked="" type="checkbox"/> Delete
NAME	NISSEN, ERIC	
STREET ADDRESS	P O BOX 573	
CITY-ST-ZIP	HOBE SOUND FL 33475	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SLAY, JAMES H JR	
STREET ADDRESS	18316 SW FARN RD	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME	WHITTY, ROBERT	
STREET ADDRESS	231 INDIAN GROVE DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINDAR, JUDSON	
STREET ADDRESS	2227 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, ROBERT	
STREET ADDRESS	3001 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, JOHN	
STREET ADDRESS	P O BOX 1746	
CITY-ST-ZIP	JUPITER FL 33468	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAY, JAMES A., JR.	
STREET ADDRESS	18316 SW Farn Rd	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JOHN SCOTT	
STREET ADDRESS	P.O. BOX 938	
CITY-ST-ZIP	PALM CITY, FL 34901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISSEN, ERIC	
STREET ADDRESS	P.O. Box 573	
CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Robert Whitty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT WHITTY 1/14/03 977-286-1030**

CR2E037 (10/02)