

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790636

1. Entity Name

WESTERN PALM BEACH COUNTY FARM BUREAU, LAA

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90021 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3019 STATE ROAD 15  
STE 5  
BELLE GLADE FL 33430  
US

3019 STATE RD 15  
STE 5  
BELLE GLADE FLA 33430  
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

59-0865201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSEN, KARL  
1001 SE 2ND STREET  
BELLE GLADE FL 33430

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.

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 ☐ Delete  
NAME D  
STREET ADDRESS HOLT, ANN  
CITY-ST-ZIP 457 OLD COUNTRY RD  
W PALM BCH FL

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS JONES, EDWIN  
CITY-ST-ZIP 1135 GARDEN PLACE  
PAHOKEE FL

TITLE ☒ Change ☐ Addition  
NAME P.D  
STREET ADDRESS 9659 LANDINGS DR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PATE, CRAIG  
CITY-ST-ZIP 841 SE 3RD STREET  
BELLE GLADE FL

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS WEDGORTH, DENNIS  
CITY-ST-ZIP 13643 STAMFORD DR  
WELLINGTON FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SIMONSON, DAVID  
CITY-ST-ZIP 1081 BACOM POINT RD  
PAHOKEE FL

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LARSEN, KARL  
CITY-ST-ZIP 1001 SE 2ND ST  
BELLE GLADE FL

TITLE ☒ Change ☐ Addition  
NAME D  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

561-996-0343

Daytime Phone #

CR2E037 (9/99)