

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790636

1. Entity Name

WESTERN PALM BEACH COUNTY FARM BUREAU, LAA

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90655 036 \*\*\*\*61.25

0075756

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SODDERS, MARK  
800 MCCLURE ROAD  
PAHOKEE FL 33476

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

☐ Delete

TITLE  
NAME D  
STREET ADDRESS JONES, EDWIN  
CITY-ST-ZIP 9654 LANDINGS DRIVE  
PORT SAINT LUCIE FL 34986

☐ Delete

TITLE  
NAME PD  
STREET ADDRESS SODDERS, MARK  
CITY-ST-ZIP PO BOX 200  
PAHOKEE FL 33476

☐ Delete

TITLE  
NAME VP  
STREET ADDRESS PRIELOZNY, STEVE  
CITY-ST-ZIP 108 SOUTHEAST AVENUE D  
BELLE GLADE FL 33430

☐ Delete

TITLE  
NAME TS  
STREET ADDRESS MCKINSTRY, BUDDY  
CITY-ST-ZIP PO BOX 270  
LOXAHATCHEE FL 33470

☐ Delete

TITLE  
NAME D  
STREET ADDRESS ROTH, RICK  
CITY-ST-ZIP PO BOX 1300  
BELLE GLADE FL 33430

☐ Delete

TITLE  
NAME Treasurer  
STREET ADDRESS Craig Tate  
CITY-ST-ZIP 209 S Main St  
Belle Glade, FL 33430

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME Secretary  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 the address, with an other like empowered.

SIGNATURE:

MARK SODDERS

1/17/02

561-996-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)