

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90376 010 ****61.25

DOCUMENT # 790637

1. Entity Name

LEON COUNTY FARM BUREAU LAA



Principal Place of Business

**1349 CROSS CREEK WAY
TALLAHASSEE FL 32301**

Mailing Address

**1349 CROSS CREEK WAY
TALLAHASSEE FL 32301**

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 **59-6177354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBERTS, STEVE
1349 CROSS CREEK WAY
TALLAHASSEE FL 32301**

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

TITLE **P** ☐ Delete
NAME **ROBERTS, STEVE**
STREET ADDRESS **7007 ROBERTS DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VP** ☐ Delete
NAME **ROBERTS, WILLIAM**
STREET ADDRESS **7107 ROBERTS RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☐ Delete
NAME **Secretary**
NAME **WENZEL, DOTY**
STREET ADDRESS **7023 ALHAMBRA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete
NAME **CONRAD, JACK**
STREET ADDRESS **RT 31 BOX 198**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **POPELL, BOB**
STREET ADDRESS **2703 BRENNER PASS**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Delete
NAME **KEENAN, DON**
STREET ADDRESS **2838 W.W. KELLY RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Glen Nyman**
STREET ADDRESS **8312 Elan Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Change ☒ Addition
NAME **Director**
NAME **Roberts, William**
STREET ADDRESS **7107 Roberts Rd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
NAME **Lennic Zeiler**
STREET ADDRESS **2220 Mandrell Court**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☒ Addition
NAME **Director**
NAME **Jimmy Hall Jr.**
STREET ADDRESS **14033 Rocco Rd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☒ Addition
NAME **Director**
NAME **Tony Johnston**
STREET ADDRESS **6100 Walkabout Lane**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
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

CR2E037 (10/02)