

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90131 023 ****61.25

DOCUMENT # 790641

1. Entity Name

LAKE COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

**30241 STATE ROAD 19
TAVARES FL 32778-4259**

**30241 STATE ROAD 19
TAVARES FL 32778-4259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0804885

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KNOWLES, STEVE
30241 STATE ROAD 19
TAVARES FL 32778-4259**

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

1-23-02

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 **VD** ☐ Delete
NAME **DUVALL, BILL**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **PD** ☒ Change ☐ Addition
NAME **MCDONALD, DAVID**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **PD** ☒ Delete
NAME **BENHAM, WILLIAM**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD** ☐ Change ☐ Addition
NAME **MCDONALD, DAVID**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **SD** ☐ Delete
NAME **STEPHENS, DON**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES FL 32778-4259**

TITLE ☐ Change ☐ Addition
NAME **CLARK, J N**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES FL 32778-4259**

TITLE **TD** ☐ Delete
NAME **CLARK, J N**
STREET ADDRESS **30241 STATE ROAD 19**
CITY-ST-ZIP **TAVARES FL 32778-4259**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-02

CR2E037 (9/01)