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

## **DOCUMENT # 790641**

1. Entity Name

## LAKE COUNTY FARM BUREAU LAA

**FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90070 013 \*\*\*\*61.25

					1				
Principal Plac	e of Business	Mailing Address			}				
30241 STATE ROAD 19 TAVARES FL 32778-4259		30241 STATE ROAD 19							
		TAVARES FL 32778-4259							
						8718 BRID ALBER 1180 ALBER 111			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-0804885			Applied For Not Applicable	
Zip	Zip Country Z		ip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required			Iditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Addres	s of New Registered	Agent		
		میں یا جسپی یا داد	N	amen	RIÃ, TANGIE		-<= <u>==</u> :		-
KNOWI F	s, steve			FA	P.O. Box Number is Not				
	ATE ROAD 19		٥	ireet Address t	(F.O. DOX NUMBER IS NOT	Acceptable)			
	FL 32778-4259			26	7.47 CD 4.403	•			
	:		l c	itv	7.47 CR 448A	FI	Zip Co	de	-
				) MOI	JNT DORA	T	<del>-</del>   327	57	ļ
	named entity submits this statement f	or the purpose of changing i	ts registered o	ffice or registe	red agent, or both, in the	State of Florida. I am	familiar with	, and accept	ļ
the obligat	ions of registered agent.								
4	i ja								}
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registered Age	nt signature require	d when reinstating)	DATE			-
				<del></del>					1
		9. Election C	ampaign Finar	icina	\$5.00 May Be	Make Chec	k Pavable	e to	}
	FILE NOW: FEE IS \$61.25		Contribution.		Added to Fees	Florida Depa			}
	•								]
10.	OFFICERS AND D	IRECTORS	11.	·	ADDITIONS/CHANGES	TO OFFICERS AND D			۾ ا
TITLE	PD	Delete	TITLE		PRESIDENT		☐ Change	<b>XX</b> Addition	20/0
NAME	DUVALL, BILL		NAME		RIA, TANGIE				7 (10/
STREET ADDRESS	302,1 611/12 110/10 10		STREET AC	20	747 CR 448A				5037
CITY-ST-ZIP	TAVARES FL 32778			" MOU	<u>JNT DORA, F</u>	L. 32757	☐ Change	☐ Addition	12
TITLE	VD DAVID	☐ Delete	TITLE NAME	PRI	ESIDENT		LXI Gliange	☐ Addition	]2
NAME STREET ADDRESS	MCDONALD, DAVID 30241 STATE ROAD 19		STREET AD	DRESS	2				
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-	ı	***				ļ
TITLE	SD SD	Delete Delete	" TITLE -	יים ייי	EASURER'	مچېراب خيسيسين . بيسې .	~= [] Change	Addition*	-
NAME	STEPHENS, DON	<b>—</b> 50000	NAME		NHAM, BILL		_	AA	
STREET ADDRESS	l		street ad		901 DERBY O	AKS BD			
CITY-ST-ZIP	TAVARES FL 32778-4259	<b>4</b>	CITY-ST-		CATULA, FL.	34705			1
TITLE	TD	Delete	TITLE		<b> </b>	<del></del>	☐ Change	☐ Addition	
NAME	CLARK, J N	, ,	NAME						
STREET ADDRESS	30241 STATE ROAD 19		STREET AL						]
CITY-ST-ZIP	TAVARES FL 32778-4259	· =====	CITY-ST-	217					ł
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME OTDEET ADDRESS			NAME Street at	IDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	I .					
TITLE		Delete	TITLE				☐ Change	☐ Addition	1
NAME		□ Detete	NAME					_	
STREET ADDRESS			STREET AL	DRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
<del></del>	certify that the information supplied wi	th this filing dose not qualify	for the exempt	ion stated in S	ection 119.07(3)(i). Florid	ta Statutes, Lifurther or	ertify that the	information	1

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 thier like empowered.

**SIGNATURE:** 

1-17.03

352.343.4400