

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790652

1. Entity Name

GADSDEN COUNTY FARM BUREAU LAA

Principal Place of Business

2111 WEST JEFFERSON STREET
QUINCY FL 32351

Mailing Address

2111 WEST JEFFERSON STREET
QUINCY FL 32351

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

59-0610526

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

WEBER, GLENN R
RT 4 BOX 1238
QUINCY FL 32351

Name

Robert T. Presnell

Street Address (P.O. Box Number is Not Acceptable)

508 Smithtown Road

City

CHATTahoochee FL

Zip Code

32324

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, GARY	
STREET ADDRESS	7560 HOSFORD HWY	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	P O BOX 536	
CITY-ST-ZIP	GRETN FL 32332	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, CLAY	
STREET ADDRESS	RT BOX 295	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEBER, GLENN R	
STREET ADDRESS	RT 4, BOX 1238	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DAVID D	
STREET ADDRESS	RT 4, BOX 199-C	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MARCUS	
STREET ADDRESS	RT 4, BOX 237	
CITY-ST-ZIP	QUINCY FL 32351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Presnell	
STREET ADDRESS	P.O. Box 112	
CITY-ST-ZIP	MT. PLEASANT, FL 32352	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Presnell 1-10-01 850-627-7196

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90042 015 ****70.00

00000750



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)