

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790659

1. Entity Name

HIGHLANDS COUNTY FARM BUREAU, LAA

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90252 026 \*\*\*\*61.25

Principal Place of Business

6419 US 27 SOUTH  
SEBRING FL 33870  
US

Mailing Address

6419 US 27 SOUTH  
SEBRING FL 33870-5712  
US

2. Principal Place of Business  
same as above

3. Mailing Address  
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
same as above

City & State  
same as above

4. FEI Number  
59-1028609

Applied For  
Not Applicable

Zip Country  
same same

Zip Country  
same same

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

FENTRESS, PAMALA  
6419 US HWY 27 S  
SEBRING FL 33870

Name  
Mark Bryan

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

12001 Arbuckle Cr. Rd.

City Sebring

FL

Zip Code  
33870

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 Mark Bryan  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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 S ☒ Delete  
NAME STOCKER, JULIE  
STREET ADDRESS 1810 LAKE CLAY DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE S ☐ Change ☒ Addition  
NAME Greg Reynolds  
STREET ADDRESS 521 Lake Francis  
CITY-ST-ZIP Lake Placid, FL 33852

TITLE D ☐ Delete  
NAME PAYNE, JOHN K  
STREET ADDRESS 338 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

TITLE VP ☐ Change ☒ Addition  
NAME Scott Kirouac  
STREET ADDRESS 320 Kite Ave.  
CITY-ST-ZIP Sebring, FL 33872

TITLE T ☐ Delete  
NAME O'NEAL, ANN  
STREET ADDRESS 6419 U.S. 27 SOUTH  
CITY-ST-ZIP SEBRING FL

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

TITLE P ☒ Delete  
NAME FENTRESS, PAM  
STREET ADDRESS 6419 US 27 S  
CITY-ST-ZIP SEBRING FL

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

TITLE VP ☐ Delete  
NAME BRYAN, MARFK  
STREET ADDRESS 12001 ARBUCKEL CREEK RD  
CITY-ST-ZIP SEBRING FL 33870

TITLE P ☒ Change ☐ Addition  
NAME Mark Bryan  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FUTCH, JEFF  
STREET ADDRESS 6419 US 27 S  
CITY-ST-ZIP SEBRING FL

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 (863) 385-5411  
Date Daytime Phone #