

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90045 012 \*\*\*\*61.25

**DOCUMENT # 790659**

1. Entity Name

**HIGHLANDS COUNTY FARM BUREAU, LAA**

Principal Place of Business

**6419 US 27 SOUTH  
 SEBRING FL 33870  
 US**

Mailing Address

**6419 US 27 SOUTH  
 SEBRING FL 33870  
 US**

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

**59-1028609**

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

**BRYAN, MARK  
 12001 ARBUCKLE CR. RD.  
 SEBRING FL 33870**

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

*Mark Bryan*

*4/18/02*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **SMOAK, MASON**  
 CITY-ST-ZIP **1025 CR 17 NORTH  
 LAKE PLACID FL 33852**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Smoak, Mason**  
 CITY-ST-ZIP **1025 CR 17 N  
 Lake Placid, FL 33852**

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

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

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

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **KIROUAC, SCOTT**  
 CITY-ST-ZIP **320 KITE AVE  
 SEBRING FL 33872**

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **BRYAN, MARK**  
 CITY-ST-ZIP **12001 ARBUCKLE CREEK RD  
 SEBRING FL 33870**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ELLIOTT, DONALD**  
 CITY-ST-ZIP **1731 LAKE CLAY DRIVE  
 LAKE PLACID FL 33852**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **Elliott, Donald**  
 CITY-ST-ZIP **1731 Lake Clay Dr.  
 Lake Placid, FL 33852**

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:

*OSIGNATURE REQUIRED*

*4/18/02*

*(888)385-5141*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)