

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790667

1. Entity Name

PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL AS

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90052 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12445 U.S. 301  
DADE CITY FL 33525

12445 U.S. 301  
DADE CITY FLA 33525

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

59-0829841

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

SCHRADER, TED  
32745 PENNSYLVANIA AVE  
DADE CITY FL 33525

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

**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 SD ☐ Delete  
NAME FENTON, PATRICIA  
STREET ADDRESS 16528 JESSAMINE RD  
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE TD ☐ Delete  
NAME GORE, FRED  
STREET ADDRESS 7750 GALL BLVD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

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

TITLE VD ☐ Delete  
NAME WEAVER, GLEN  
STREET ADDRESS 36802 SUWANNEE WAY  
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE PD ☐ Delete  
NAME SCHRADER, TED  
STREET ADDRESS 32745 PENNSYLVANIA AVE  
CITY-ST-ZIP DADE CITY FL 33525

TITLE PD ☒ Change ☐ Addition  
NAME Schrader, Ted  
STREET ADDRESS 12349 Curley Road  
CITY-ST-ZIP San Antonio, FL 33576

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ted Schrader* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(352) 567-5641

Daytime Phone #

CR2E037 (9/99)