2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790667

1. Entity Name

PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

FILED
02 JUN 10 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12445 U.S. 301 DADE CITY FL 33525	12445 U.S. 301 DADE CITY FL 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

SCHRADER, TED
32745 PENNSYLVANIA AVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name: Wilton Simpson
Street Address (P.O. Box Number is Not Acceptable): 5384 Leisure Street
City: Ridge Manor, FL **FL** Zip Code: 33523

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: Wilton Simpson, President 4-24-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FENTON, PATRICIA 16528 JESSAMINE RD DADE CITY FL 33525	☒ Delete	SD Jan Dillard 15995 Bellamy Brothers Blvd Dade City, FL 33525	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GORE, FRED 7750 GALL BLVD ZEPHYRHILLS FL 33541	☐ Delete	900005937518 -06/20/02--01084--009 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMPSON, WILTON 41040 SIMPSON FARM LANE DADE CITY FL 33525	☐ Delete	VD Check #14995 in the amount of $61.25 was sent on 4/25/02 Separately	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHRADER, TED 12349 CURLEY ROAD SAN ANTONIO FL 33576	☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900005893759 -06/20/02--01084--009 *****61.25 *****61.25 TS	☐ Addition

(CR2E037 (9/01))

12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall ha of the corporation or the receiver or trustee empowered to execute this report as required by Chap 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 — Date — Daytime Phone #

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