

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amend*

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90166 050 \*\*\*\*61.25

DOCUMENT # 790667

1. Entity Name

Pasco County Farm Bureau Limited Agricultural Association

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12445 US 301

Suite, Apt. #, etc.

3. Mailing Address

12445 US 301

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

59-0829841

Applied For

Not Applicable

Zip

Country

33525

Zip

Country

33525

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Wilton Simpson

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

41040 Simpson Farm Lane

City

Dade City

FL

Zip Code

33525

**DO NOT WRITE  
IN THIS SPACE**

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

8-28-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
Wilton Simpson  
41040 Simpson Farm Lane  
Dade City, FL 33525

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
Richard Kinney  
40455 Otis Allen Road  
Zephyrhills, FL 33540

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
Don Dillard  
15995 Bellamy Brothers Blvd  
Dade City, FL 33525

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
Fred Gore  
7150 Gall Blvd  
Zephyrhills, FL 33540

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02 (354)567-5641

Date

Daytime Phone #

CR2E037B (12/01)