

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790674

1. Entity Name

WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTUR

Principal Place of Business

1361 JACKSON AVE  
CHIPLEY FL 32428

Mailing Address

1361 JACKSON AVE  
CHIPLEY FL 32428-1774

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHRISTMAS, R B  
1916 PALMVIEW RD  
COTTONDALE FL 32431

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOY, WESLEY	
STREET ADDRESS	1706 FOXWORTH RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PADGETT, CARLTON	
STREET ADDRESS	1754 PADGETT CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, KENNITH	
STREET ADDRESS	4650 WILDERNESS RD	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	WILLIAMS, LAVERNE	
STREET ADDRESS	2 HWY 77	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, CHARLES	
STREET ADDRESS	811 HWY 277 SOUTH	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTMAS, BRUCE	
STREET ADDRESS	1916 PALMVIEW RD	
CITY-ST-ZIP	COTTONDALE FL 32431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHTOWER, ALENE	
STREET ADDRESS	3863 SWINDLE RD.	
CITY-ST-ZIP	CARYVILLE, FL 32427	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	4290 CREEK RD.	
CITY-ST-ZIP	VERNON, FL 32462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN CHRISTMAS	
STREET ADDRESS	1916 PALMVIEW RD.	
CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL WILLIAMS	
STREET ADDRESS	2 HWY 77	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERNE WILLIAMS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00  
Date

850-638-1756  
638-1756  
Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90170 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)