

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790674

1. Entity Name

WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business

1361 JACKSON AVE  
CHIPLEY FL 32428

Mailing Address

1361 JACKSON AVE  
CHIPLEY FL 32428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1058078

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

CHRISTMAS, R B  
1916 PALMVIEW RD  
COTTONDALE FL 32431

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 NAME STREET ADDRESS CITY-ST-ZIP	D HIGHTOWER, ALIENE 3863 SWINDEL RD CARYVILLE FL 32427	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PADGETT, CARLTON 1754 PADGETT CIRCLE CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, KENNETH 4650 WILDERNESS RD VERNON FL 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS WILLIAMS, LAVERNE 2 HWY 77 CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, CHARLES 811 HWY 277 SOUTH CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTMAS, BRUCE 1916 PALMVIEW RD COTTONDALE FL 32431	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bruce Christmas 1916 Palmview Rd Cottondale, FL 32431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Charles Sloan 811 Hwy 277 S. Chipley, FL 32428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carlton Padgett 1754 Padgett Cir. Chipley, FL 32428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Todd Abbott 906 Joseph Dr Chipley, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/27/02

Date

(850)638-1756

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE