

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790675

1. Entity Name

BAKER COUNTY FARM BUREAU LAA

Principal Place of Business

539 SOUTH 6TH ST
MCCLENNY FL 32063

Mailing Address

539 SOUTH 6TH ST
MCCLENNY FL 32063-2605

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 59-6177715

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

REGISTER, LLOYD A
REGISTER RD
BOX 840
SANDERSON FL 32087

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 ST
NAME REGISTER, DARRYL
STREET ADDRESS REGISTER RD, BOX 839
CITY-ST-ZIP SANDERSON FL ☐ Delete

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

TITLE D
NAME RHODEN, LOUISE
STREET ADDRESS STATE RD 23-C
CITY-ST-ZIP MACCLENNY FL ☐ Delete

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

TITLE VP
NAME FISH, BEN F.
STREET ADDRESS BEN FISH RD
CITY-ST-ZIP SANDERSON FL ☐ Delete

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

TITLE D
NAME ROWE, CHARLES
STREET ADDRESS ROWE RD BOX 740
CITY-ST-ZIP MACCLENNY FL 32040 ☐ Delete

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

TITLE D
NAME JONES, ROBERT E
STREET ADDRESS CLEAT HARVEY RD., BOX 2330
CITY-ST-ZIP GLEN ST MARY FL ☒ Delete

TITLE D
NAME JAMES C. LYONS
STREET ADDRESS STATE Rd 23C-
CITY-ST-ZIP GLEN ST. MARY FL. 32040 ☐ Change ☒ Addition

TITLE P
NAME REGISTER, LLOYD A
STREET ADDRESS REGISTER RD BOX 840
CITY-ST-ZIP SANDERSON FL 32087 ☐ Delete

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

Lloyd Register
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90073 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)