

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790677

1. Entity Name

HERNANDO-CITRUS COUNTY FARM BUREAU, LAA

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90037 024 ****61.25

Principal Place of Business

Mailing Address

617 LAMAR AVE.
BROOKSVILLE FL 34601
US

617 LAMAR AVE.
BROOKSVILLE FLA 34601-3211
US

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

59-0900903

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

TREIMAN, MONROE W
950 VILLAGE DR
BROOKSVILLE FL 34601

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	<input type="checkbox"/> Delete
NAME	TREIMAN, MONROE W	
STREET ADDRESS	950 VILLAGE DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN L	
STREET ADDRESS	6091 S PLEASANT GROVE RD.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, JOHN	
STREET ADDRESS	921 S MILDRED AVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	WOLF, VIVIAN	
STREET ADDRESS	4375 WOLF RD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOKS, VALENTINE M	
STREET ADDRESS	7725 S PLEASANT GROVE RD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH W.	
STREET ADDRESS	23421 WHITMAN RD.	
CITY-ST-ZIP	BROOKSVILLE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adkins, James Sr	
STREET ADDRESS	24402 Mondon Hill Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Clinton	
STREET ADDRESS	2881 E New Haven St	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grubbs, Kenneth	
STREET ADDRESS	5088 Tristan Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunnicut, Homer JR	
STREET ADDRESS	4004 Raines Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerkins, Walter M	
STREET ADDRESS	21428 Ayers Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mazourek, George	
STREET ADDRESS	21224 Nevitt Hill Rd	
CITY-ST-ZIP	Brooksville, FL 34601	

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: Kenneth W Smith 01/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-796-2526

CR2E037 (9/99)