

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790685

1. Entity Name

MADISON COUNTY FARM BUREAU, LAA

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 015 ****61.25

Principal Place of Business

503 W. BASE ST.
MADISON FL 32340-2005

Mailing Address

503 W. BASE ST.
MADISON FL 32340-2005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0817185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARING, HOWELL
RT 4 BOX 1225
MADISON FL 32340

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 firm, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DV	PAARLBERG, CHARLES	RT 1 BOX 1195	LEE FL 32059	<input type="checkbox"/>
D	WILLIAMS, AARON	RT 1 BOX 2435	LEE FL 32059	<input type="checkbox"/>
D	SEARCY, BOB	RT 2 BOX 1000	MADISON FL 32340	<input type="checkbox"/>
D	WEBB, JOHN C	RT 1 BOX 510	LEE FL 32059	<input type="checkbox"/>
D	TERRY, RICHARD	RT 1 BOX 2295	MADISON FL 32340	<input type="checkbox"/>
D	BRADFIELD, DON	RT 1 BOX 865	LEE FL 32059	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	RAGANS, BEN	RT 2 BOX 955	MADISON, FL 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RAGANS, JIMMIE	RT 1 BOX 3330	MADISON, FL 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GREENE, BUBBA	PO BOX 38	MADISON, FL 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TUTEN, TIMMY	RT 1 BOX 751	MADISON, FL 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAARLBERG, GINNY	RT 1 BOX 1195	MADISON, FL 32340	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CONE, RICHARD	RT 4 BOX 259	GREENVILLE, FL 32331	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)