

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90130 050 \*\*\*\*61.25

**DOCUMENT # 790726**

1. Entity Name

**PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA**

Principal Place of Business

Mailing Address

~~ROUTE 3, BOX 28~~ *14745 Hwy 17S*  
**EAST PALATKA FL 32131-9005**

~~ROUTE 3, BOX 28~~  
**EAST PALATKA FL 32131-9003**

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

**59-1114266**

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

**SMITH, WAYNE D**  
**9700 HASTINGS BLVD.**  
**HASTINGS FL 32145**

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

*Wayne D. Smith*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-00**

**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 **D** ☐ Delete  
 NAME **MASTERS, LAWRENCE A JR**  
 STREET ADDRESS **7698 HUB BAILEY RD**  
 CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gregory R. Lowart**  
 STREET ADDRESS **P.O. Box 273**  
 CITY-ST-ZIP **Crescent City FL 32112**

TITLE **D** ☐ Delete  
 NAME **SYKES, JOHN W JR**  
 STREET ADDRESS **5630 STATE RD., 207**  
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gregory C. Gautier**  
 STREET ADDRESS **600 Cherry Street**  
 CITY-ST-ZIP **Crescent City FL 32112**

TITLE **TD** ☐ Delete  
 NAME **COTTON, WILLIAM R**  
 STREET ADDRESS **8650 HASTINGS BLVD**  
 CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **D** ☐ Change ☒ Addition  
 NAME **John W. Sykes, JR**  
 STREET ADDRESS **5630 State Rd 207**  
 CITY-ST-ZIP **Elkton, FL 32033**

TITLE **SD** ☐ Delete  
 NAME **FROELICH, JOSEPH A JR**  
 STREET ADDRESS **206 MAGNOLIA AVE**  
 CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Jeb Smith**  
 STREET ADDRESS **P.O. Box 403**  
 CITY-ST-ZIP **Hastings, FL 32145**

TITLE **VPD** ☐ Delete  
 NAME **SIEHLER, THEODORE B**  
 STREET ADDRESS **430 SISCO RD**  
 CITY-ST-ZIP **POMONA PARK FL 32181**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Jay Froehlich**  
 STREET ADDRESS **209 Lakeview AVE**  
 CITY-ST-ZIP **Crescent City, FL 32112**

TITLE **PD** ☐ Delete  
 NAME **SMITH, WAYNE D**  
 STREET ADDRESS **9700 HASTINGS BLVD**  
 CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Wayne D. Smith**  
 STREET ADDRESS **9700 Hastings Blvd**  
 CITY-ST-ZIP **Hastings FL 32145**

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:

*Wayne D. Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)