## ~2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 790726** 1. Entity Name

## PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA

Principal Place of Business  ROUTE 3. BOX 28 147US Nwy/7S  EAST PALATKA FL 32131-9005  Mailing Address  ROUTE 3. BOX 28  EAST PALATKA FL 32131-9903								
2. Principal F	Place of Business	3. Mailing Address						
0.00						LIBETH SOCIALISTIC CARTS ISSUE FINE AND STATE ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			l l	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numbe	4. FEI Number 59-1114266 Applied For Not Applicable			
Zip Country		Zip	Country		5. Certificate	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current Ro	egistered Agent	1		7. Name and	Address of New Registered Ag	gent	
				Name		•		
<u>ิ โดยสามา</u> ใน	AVAIE D	<del></del>		Street Address (P.O. Box Number Is Not Acceptable)				
SMITH, WAYNE D 9700 HASTINGS BLVD.			ļ					
	S FL 32145							
				City		FL	Zip Code	
8. The above	e named entity submits this statement for t	the purpose of changing its	registere	d office or rec	gistered agent, or both	h, in the state of Florida.	<u> </u>	
SIGNATURE	Signature, type of printed name of registered agent and	uttle if applicable. (NOT	E: Registered	Agent signature re	equired when reinstating)	/-31-0 DATE	<u>o</u>	
	'. FILE NOW:	9. Election Campaign	n Financir	a <b>9</b>	\$5 00 May Ro	Make Check Pa	avable to	
	FILE NOW:	9. Election Campaigr Trust Fund Contrib		'	\$5.00 May Be Added to Fees	Make Check Pa Department o		
10.	, ,	Trust Fund Contrib	ution.		Added to Fees	Department of the Department o	of State	
TITLE .	FEE IS \$61:25  OFFICERS AND DIRE	Trust Fund Contrib	11.	<u> </u>	Added to Fees  ADDITIONS/CHA	Department of the Department o	of State	
TITLE .	OFFICERS AND DIRE  D  MASTERS, LAWRENCE A JR	Trust Fund Contrib	11. TITLE	<u>B</u>	Added to Fees  ADDITIONS/CHA	Department of the Notice TO OFFICERS AND DIRECT ROLL AND THE TOTAL PROPERTY OF THE NOTICE TO THE NOT	of State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEE IS \$61.25  OFFICERS AND DIRE  D MASTERS, LAWRENCE A JR 7698 HUB BAILEY RD HASTINGS FL 32145	Trust Fund Contrib	TITLE NAME STREE	ADDRESS TADDRESS	Added to Fees  ADDITIONS/CHA Gregory PO. Box	Department of ANGES TO OFFICERS AND DIRECTOR DIRECTOR AND DIRECTOR AND DIRECTOR AND DIRECTOR AND DIRECTOR AND	ECTORS IN 10  Change Addition	
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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

CITY-ST-ZIP

**SIGNATURE:** 

HASTINGS FL

CITY-ST-ZIP

Daytime Phone #

**FILED** 

Feb 14, 2000 8:00 am Secretary of State

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