

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90159 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

105 W ANDERSON ST  
MONTICELLO FL 32344  
US

105 W. ANDERSON ST.  
MONTICELLO FL 32344-1301  
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

59-1010268

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

LEWIS, DAVID S  
105 W ANDERSON ST  
MONTICELLO FL 32344

Name

Ernest Fulford

Street Address (P.O. Box Number is Not Acceptable)

105 W Anderson St

City

Monticello

FL

Zip Code

32344

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 ☐ Delete  
NAME D  
STREET ADDRESS LEWIS, DOROTHY P.  
CITY-ST-ZIP RT. 1 BOX 233  
MONTICELLO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MONROE, DANNY III  
CITY-ST-ZIP RT 3 BOX 51  
MONTICELLO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BOYD, ALLEN  
CITY-ST-ZIP RT 2 BOX 33  
MONTICELLO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BIRD, BUCKINGHAM  
CITY-ST-ZIP P.O. BOX 247 N/A  
MONTICELLO FL 32345

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

TITLE ☒ Delete  
NAME P  
STREET ADDRESS LEWIS, DAVID S  
CITY-ST-ZIP 105 W. ANDERSON ST  
MONTICELLO FL 32344

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS Ernest Fulford  
CITY-ST-ZIP 105 W Anderson St  
Monticello FL 32344

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS DEMOTT, HERBERT  
CITY-ST-ZIP RT. 1, BOX 197-A  
MONTICELLO FL

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Ernest Fulford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)