

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.

Principal Place of Business

105 W ANDERSON ST
MONTICELLO FL 32344
US

Mailing Address

105 W. ANDERSON ST.
MONTICELLO FL 32344
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

FULFORD, ERNEST
105 W ANDERSON ST
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name Stephen Monroe

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

610 Hallelujah Lane

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

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

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

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

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

TITLE P
NAME FULFORD, ERNEST
STREET ADDRESS 105 W. ANDERSON ST
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Stephen Monroe
STREET ADDRESS 610 Hallelujah Lane
CITY-ST-ZIP Monticello, FL 32344 ☐ Change ☒ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90074 042 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)