

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90188 022 ****70.00

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**

90028729



☐ CHECK HERE IF MAKING CHANGES

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

**MONROE, STEPHEN
610 HALLELUJAH LANE
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DOROTHY P.	
STREET ADDRESS	RT. 1 BOX 233	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, DANNY III	
STREET ADDRESS	RT 3 BOX 51	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, ALLEN	
STREET ADDRESS	RT 2 BOX 33	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, BUCKINGHAM	
STREET ADDRESS	P.O. BOX 247 N/A	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONROE, STEPHEN	
STREET ADDRESS	610 HALLELUJAH LANE	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEMOTT, HERBERT	
STREET ADDRESS	RT. 1, BOX 197-A	
CITY-ST-ZIP	MONTICELLO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Dorothy P.	
STREET ADDRESS	4167 Aveilla	
CITY-ST-ZIP	monticello, FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, DANNY III	
STREET ADDRESS	10685 Waukeena Hwy	
CITY-ST-ZIP	monticello, FL 32344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bishop, Benjamin D	
STREET ADDRESS	539 Seven Bridges	
CITY-ST-ZIP	monticello, FL 32344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brinson, Edward B	
STREET ADDRESS	2023 Dills	
CITY-ST-ZIP	monticello, FL 32344	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwards, Walter B, Jr.	
STREET ADDRESS	P.O. Box 8	
CITY-ST-ZIP	Lloyd, FL 32337	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, HERBERT	
STREET ADDRESS	915 Government Farm Rd.	
CITY-ST-ZIP	monticello, FL 32344	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/13/03

850-997-5400

CR2E037 (10/02)

Attachment

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ADDITIONS TO OFFICERS AND DIRECTORS

TITLE	D	ADDITION
NAME	FINLAYSON, JOHN M.	
STREET ADDRESS	25 FINCREST	
CITY-ST-ZIP	GREENVILLE, FL. 32331	

TITLE	D	ADDITION
NAME	FINLAYSON, JOHN MAC JR.	
STREET ADDRESS	63 FINCREST	
CITY-ST-ZIP	GREENVILLE, FL. 32331	

TITLE	D	ADDITION
NAME	FULFORD, ERNEST	
STREET ADDRESS	2798 FULFORD	
CITY-ST-ZIP	MONTICELLO, FL. 32344	

TITLE	D	ADDITION
NAME	LEWIS, DAVID	
STREET ADDRESS	4592 AUCILLA	
CITY-ST-ZIP	MONTICELLO, FL. 32344	

TITLE	D	ADDITION
NAME	WARREN, HENRY	
STREET ADDRESS	4058 BASSETT DAIRY	
CITY-ST-ZIP	MONTICELLO, FL. 32344	