

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790739

1. Entity Name

POLK COUNTY FARM BUREAU, LAA

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90032 037 ****66.25

Principal Place of Business

1715 HIWAY 17 SO
BARTOW FL 33830-6634

Mailing Address

1715 HIWAY 17 SO
BARTOW FLA 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0686513

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Will Putnam

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

1090 Hibiscus East

City

Bartow

FL

Zip Code

33830

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 P
STREET ADDRESS RALEY, LINDSAY
CITY-ST-ZIP PO BOX 1112
WINTER HAVEN FL 33882

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

TITLE ☐ Delete
NAME DIR
STREET ADDRESS ALEXANDER, JOHN DAVID
CITY-ST-ZIP 402 N. SCENIC HIGHWAY
FROSTPROOF FL 33842

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

TITLE ☐ Delete
NAME T
STREET ADDRESS SULLIVAN, PAUL
CITY-ST-ZIP 201 OLD AVON PARK ROAD
FROSTPROOF FL 33843

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS PUTNAM, WILL
CITY-ST-ZIP 1090 E. HIBISCUS
BARTOW FL 33830

TITLE ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~D~~
STREET ADDRESS ~~JAHNA, EMIL III~~
CITY-ST-ZIP ~~122 E. TILLMAN AVE~~
~~LAKE WALES FL 33859~~

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Bob Kerr
CITY-ST-ZIP P.O. Box 632
Davenport, FL 33836

TITLE ☐ Delete
NAME D
STREET ADDRESS DICKINSON, ANNE
CITY-ST-ZIP P O BOX 458 N/A
FROSTPROOF FL 33843

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)(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 #

CP2E037 (9/99)