

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-17-2001 91279 004 ****61.25

DOCUMENT # 790739

1. Entity Name

POLK COUNTY FARM BUREAU, LAA

Principal Place of Business

1715 HWAY 17 SO
 BARTOW FL 33830-6634

Mailing Address

1715 HWAY 17 SO
 BARTOW FL 33830-6634



DO NOT WRITE IN THIS SPACE

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

PUTNAM, WILL

~~1090 HIBISCUS EAST~~

~~BARTOW FL 33830~~

7. Name and Address of New Registered Agent

Name Will Putnam

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

150 Cheshire Road

Bartow, FL 33830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	P	☐ Delete
NAME	RALEY, LINDSAY	
STREET ADDRESS	PO BOX 1112	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	DIR	☐ Delete
NAME	ALEXANDER, JOHN DAVID	
STREET ADDRESS	402 N. SCENIC HIGHWAY	
CITY-ST-ZIP	FROSTPROOF FL 33842	
TITLE	T	☐ Delete
NAME	SULLIVAN, PAUL	
STREET ADDRESS	201 OLD AVON PARK ROAD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VP	☐ Delete
NAME	PUTNAM, WILL	
STREET ADDRESS	1090 E. HIBISCUS	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	☐ Delete
NAME	KERR, BOB	
STREET ADDRESS	P O BOX 632	
CITY-ST-ZIP	DAVENPORT FL 33836	
TITLE	D	☐ Delete
NAME	DICKINSON, ANNE	
STREET ADDRESS	P O BOX 458 N/A	
CITY-ST-ZIP	FROSTPROOF FL 33843	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Will Putnam	
STREET ADDRESS	P.O. Box 55	
CITY-ST-ZIP	Alturas, FL 33820	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Paul S. Sullivan	
STREET ADDRESS	201 Avon Park Road	
CITY-ST-ZIP	Frostproof, FL 33843	☒ Change ☐ Addition
TITLE	Treasurer	
NAME	Rob Teston	
STREET ADDRESS	410 E. Carter Road	
CITY-ST-ZIP	Lakeland, FL 33813	☐ Change ☐ Addition
TITLE	Secretary	☒ Change ☐ Addition
NAME	Ed Lassiter	
STREET ADDRESS	102 E. Central Ave.	
CITY-ST-ZIP	Lake Wales, FL 33853	☒ Change ☐ Addition
TITLE	Director	
NAME	Lindsay Raley	
STREET ADDRESS	P.O. Box 1112	
CITY-ST-ZIP	Winter Haven, FL 33882	☒ Change ☐ Addition
TITLE	D-Anne Dickinson	
STREET ADDRESS	P.O. Box 458, Frostproof, FL	
CITY-ST-ZIP	33843	

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] REQUIRED

4/30/01

(863) 533-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (10/00)