

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790741

1. Entity Name

GULF COUNTY FARM BUREAU, LAA

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90320 005 ****61.25

Principal Place of Business

HWY 71 S.
P.O. BOX 706
WEWAHITCHKA FL 32465-0706

Mailing Address

HWY 71 S.
P.O. BOX 706
WEWAHITCHKA FL 32465-0706

2. Principal Place of Business

3. Mailing Address

615 N. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Blountstown, FL.

4. FEI Number

59-6177725

Applied For

Not Applicable

Zip

Country

Zip

Country

32424

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

LANIER, L L
HWY. 71 SOUTH
WEWAHITCHKA FL 32465

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.

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 PD
NAME LANIER, L L
STREET ADDRESS HWY 71 SOUTH
CITY-ST-ZIP WEWAHITCHKA FL ☐ Delete

TITLE
NAME Betty Cleckley
STREET ADDRESS P.O. Box 182
CITY-ST-ZIP Wewahitchka, FL. 32465 ☐ Change ☒ Addition

TITLE VD
NAME LAIRD, C R
STREET ADDRESS HWY 71 S
CITY-ST-ZIP WEWAHITCHKA FL ☒ Delete

TITLE VP
NAME Charles Sexton
STREET ADDRESS P.O. Box 214
CITY-ST-ZIP Wewahitchka, FL - 32465 ☐ Change ☒ Addition

TITLE SD
NAME JONES, MILDRED
STREET ADDRESS HWY 71 S.
CITY-ST-ZIP WEWAHITCHKA FL ☐ Delete

TITLE
NAME Betty ANN Horne
STREET ADDRESS 851 Shorty Kemp Rd.
CITY-ST-ZIP Wewahitchka, FL. 32465 ☐ Change ☒ Addition

TITLE D
NAME WILLIAMS, CURTIS
STREET ADDRESS 120 LAKE GROVE RD
CITY-ST-ZIP WEWAHITCHKA FL ☒ Delete

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

TITLE D
NAME CLECKLEY, CHARLES
STREET ADDRESS RIVER ROAD
CITY-ST-ZIP WEWAHITCHKA FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

4-29-2000

Date

850-639-5677

Daytime Phone #

CR2E037 (9/99)