

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790741**

1. Entity Name

GULF COUNTY FARM BUREAU, LA

Principal Place of Business

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

Mailing Address

**615 N MAIN STREET
BLOUNTSTOWN FL 32424**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6177725**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANIER, L L
HWY. 71 SOUTH
WEWAHITCHKA FL 32465**

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.

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	PD	<input type="checkbox"/> Delete
NAME	LANIER, L L	
STREET ADDRESS	HWY 71 SOUTH	
CITY-ST-ZIP	WEWAHITCHKA FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, C R	
STREET ADDRESS	HWY 71 S	
CITY-ST-ZIP	WEWAHITCHKA FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, MILDRED	
STREET ADDRESS	HWY 71 S	
CITY-ST-ZIP	WEWAHITCHKA FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CURTIS	
STREET ADDRESS	120 LAKE GROVE RD	
CITY-ST-ZIP	WEWAHITCHKA FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLECKLEY, CHARLES	
STREET ADDRESS	RIVER ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, L L	
STREET ADDRESS	P.O. BOX 706	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SEXION	
STREET ADDRESS	221 BRANNON IN	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY CLECKLEY	
STREET ADDRESS	P.O. BOX 182	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY ANN HONE	
STREET ADDRESS	851 SHIRTY KMP RD	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

President

Date

Daytime Phone #

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90010 021 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)