

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790741**

1. Entity Name

GULF COUNTY FARM BUREAU, LAA

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

141 HWY 71 S

Suite, Apt. #, etc.

3. Mailing Address

17577 Main St. N

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6177725**

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

**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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	LANIER, L L	
STREET ADDRESS	P.O. BOX 706	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SEXTON, CHARLES	
STREET ADDRESS	221 BRANNON LANE	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

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

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

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

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, BETTY ANN	
STREET ADDRESS	851 SHORTY KEMP ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

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

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

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

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90078 022 ****61.25



DO NOT WRITE IN THIS SPACE