

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 790741

FILED
Jan 09, 2003
Secretary of State

Entity Name: GULF COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

141 HWY 71 SOUTH
P.O. BOX 706
WEWAHITCHKA, FL 324650706

New Principal Place of Business:

Current Mailing Address:

17577 MAIN STREET N
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-6177725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANIER, L L
Address: P.O. BOX 706
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VD () Delete
Name: SEXTON, CHARLES
Address: 221 BRANNON LANE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SD () Delete
Name: JONES, MILDRED,
Address: HWY 71 S.
City-St-Zip: WEWAHITCHKA, FL

Title: D () Delete
Name: CLECKLEY, BETTY
Address: P.O. BOX 182
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: HORNE, BETTY ANN
Address: 851 SHORTY KEMP ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L L LANIER, JR

PD

01/09/2003

Electronic Signature of Signing Officer or Director

Date