

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790765

1. Entity Name

NASSAU COUNTY FARM BUREAU LAA

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90055 049 ****61.25

Principal Place of Business

Mailing Address

PO DRAWER B
511 N. KINGS ROAD
CALLAHAN FL 32011

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511 N. KINGS ROAD
CALLAHAN FL 32011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6177730

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

MARTHA LYNN
RT 2 BOX 70
CALLAHAN, FL
CALLAHAN FL 32011

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

MARTHA LYNN

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 P ☐ Delete
NAME LYNN, MARTHA
STREET ADDRESS RT 2 BOX 70
CITY-ST-ZIP CALLAHAN FL

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

TITLE VP ☐ Delete
NAME TERRELL, JAMES
STREET ADDRESS RT 2, BOX 630
CITY-ST-ZIP CALLAHAN FL

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

TITLE S ☒ Delete
NAME QUARRIER, GIL
STREET ADDRESS RT 3 BOX 829
CITY-ST-ZIP HILLIARD FL

TITLE S ☐ Change ☒ Addition
NAME ROBERT LAWRENCE
STREET ADDRESS 8561 WEST 4th AVE.
CITY-ST-ZIP HILLIARD, FLA 32046

TITLE T ☐ Delete
NAME CUNNINGHAM, JAMES SR
STREET ADDRESS RT 2 BOX 425
CITY-ST-ZIP HILLIARD FL

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

TITLE D ☐ Delete
NAME QUARRIER, GIL
STREET ADDRESS RT 4 BOX 1068
CITY-ST-ZIP CALLAHAN FL

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

TITLE D ☐ Delete
NAME STOKES, HAROLD
STREET ADDRESS RT 1 BOX 666
CITY-ST-ZIP BRYCEVILLE FL

TITLE ☐ Change ☐ 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:

MARTHA LYNN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 (904) 829-3498
Date Daytime Phone #

CR2E037 (9/99)