

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90182 036 ****61.25

DOCUMENT # 790765

1. Entity Name

NASSAU COUNTY FARM BUREAU LAA

Principal Place of Business

**PO DRAWER B
511 N. KINGS ROAD
CALLAHAN FL 32011**

Mailing Address

**PO DRAWER B
511 N. KINGS ROAD
CALLAHAN FL 32011**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-6177730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LYNN, MARTHA**
STREET ADDRESS **RT 2 BOX 70**
CITY-ST-ZIP **CALLAHAN FL**TITLE **VP** ☐ Delete
NAME **TERRELL, JAMES**
STREET ADDRESS **RT 2, BOX 630**
CITY-ST-ZIP **CALLAHAN FL**TITLE **S** ☐ Delete
NAME **LAWRENCE, ROBERT**
STREET ADDRESS **8561 W 4TH AVE**
CITY-ST-ZIP **HILLIARD FL 32046**TITLE **T** ☐ Delete
NAME **CUNNINGHAM, JAMES SR**
STREET ADDRESS **RT 2 BOX 425**
CITY-ST-ZIP **HILLIARD FL**TITLE **D** ☐ Delete
NAME **QUARRIER, GIL**
STREET ADDRESS **RT 4 BOX 1068**
CITY-ST-ZIP **CALLAHAN FL**TITLE **D** ☐ Delete
NAME **ROBERTS, SHERRELL**
STREET ADDRESS **HC 1 BOX 390G**
CITY-ST-ZIP **BRYCEVILLE FL 32009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-02 (904) 879-3498

CR2E037 (9/01)