

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2000 8:00 am**
Secretary of State

01-12-2000 90087 047 ****61.25

DOCUMENT # 790770

1. Entity Name

DUVAL COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

**5542 DUNN AVENUE
JACKSONVILLE FL 32218****5542 DUNN AVENUE
JACKSONVILLE FL 32218-4332**

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

59-0936100

Applied For

Not Applicable

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****WARREN ALVAREZ
13923 DUVAL RD
JACKSONVILLE FL 32218**

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete
NAME **P. WARREN ALVAREZ**
STREET ADDRESS **13923 DUVAL RD**
CITY-ST-ZIP **JACKSONVILLE, FL 00000 FL 32218**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP BOWIE, ROBERT JR**
STREET ADDRESS **6620 BOWIE RD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT GORE, JOHN**
STREET ADDRESS **5542 DUNN AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT MOORE, CURTIS E.**
STREET ADDRESS **5542 DUNN AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT GEIGER, ELWOOD**
STREET ADDRESS **5542 DUNN AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST CLARK, LOUIS V.**
STREET ADDRESS **5542 DUNN AVE.**
CITY-ST-ZIP **JACKSONVILLE 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:

SIGNATURE REQUIRED**1/5/00 904-768-4834**