

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90079 046 ****61.25

DOCUMENT # 790770

1. Entity Name

DUVAL COUNTY FARM BUREAU LAA

Principal Place of Business

**5542 DUNN AVENUE
 JACKSONVILLE FL 32218**

Mailing Address

**5542 DUNN AVENUE
 JACKSONVILLE FL 32218**

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
ROBERT BOWIE, JR.
 Street Address (P.O. Box Number is Not Acceptable)
**6620 BOWIE ROAD
 JACKSONVILLE, FL. 32219**
 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

Robert Bowie Jr

1/19/01

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 **WARREN ALVAREZ**
 STREET ADDRESS **13923 DUVAL RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 FL 32218**

TITLE **DT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **BOWIE, ROBERT JR**
 STREET ADDRESS **6620 BOWIE RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **DALTON DOWDY**
 STREET ADDRESS **11250 BRIDGES ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

TITLE **DT** ☐ Delete
 NAME **GORE, JOHN**
 STREET ADDRESS **5542 DUNN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DT** ☐ Delete
 NAME **MOORE, CURTIS E.**
 STREET ADDRESS **5542 DUNN AVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DT** ☐ Delete
 NAME **GEIGER, ELWOOD**
 STREET ADDRESS **5542 DUNN AVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **ST** ☐ Delete
 NAME **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:

Robert Bowie Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date

904-765-4784

Daytime Phone #

CR2E037 (10/00)