

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90095 028 \*\*\*\*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

**ROBERT BOWIE  
6620 BOWIE ROAD  
JACKSONVILLE FL 32219**

7. Name and Address of New Registered Agent

Name **DALTON DOWDY**

Street Address (P.O. Box Number is Not Acceptable)

**11250 BRIDGES ROAD**

City

**JACKSONVILLE,**

**FL**

Zip Code

**32218**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dalton Dowdy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*13 Jan 03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete  
NAME **WARREN ALVAREZ**  
STREET ADDRESS **13923 DUVAL RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000 FL 32218**

TITLE **VP** ☐ Delete  
NAME **DOWDY, DALTON**  
STREET ADDRESS **11250 BRIDGES RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

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

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

TITLE **ST** ☐ Delete  
NAME **CLARK, LOUIS V.**  
STREET ADDRESS **5542 DUNN AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **TOM BRADDOCK**  
STREET ADDRESS **1628 S. FLETCHER AVE.**  
CITY-ST-ZIP **FERNANDINA BEACH, FL. 32034**

TITLE **DT** ☐ Change ☒ Addition  
NAME **WAYNE SCARBOROUGH**  
STREET ADDRESS **P.O. BOX 239**  
CITY-ST-ZIP **BRYCEVILLE, FL. 32009**

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

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

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:

*Dalton Dowdy* **DALE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*13 Jan 03* **904-768-4836**

CR2E037 (10/02)