

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790782

1. Entity Name

MANATEE COUNTY FARM BUREAU LAA

Principal Place of Business

2701 FIRST STREET EAST
BRADENTON FL 34208

Mailing Address

2701 FIRST STREET EAST
BRADENTON FL 34208

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

59-0911022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRISON, RALPH
6012 18TH AVE EAST
BRADENTON FL 34208

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 \$61.25

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

TITLE TD ☐ Delete
NAME TAYLOR, HUGH
STREET ADDRESS 11401 AD TAYLOR RD
CITY-ST-ZIP MYAKKA CITY FL 34251-946

TITLE SD ☐ Delete
NAME HOOPER, MAXINE
STREET ADDRESS 1315 HOOPER RD. N.E.
CITY-ST-ZIP BRADENTON FL 34202-955

TITLE PO ☐ Delete
NAME GARRISON, RALPH
STREET ADDRESS 6012 18TH AVE. E
CITY-ST-ZIP BRADENTON FL 34208-611

TITLE VD ☐ Delete
NAME YANCEY, STEVE
STREET ADDRESS 31045 BETTS RD.
CITY-ST-ZIP MYAKKA CITY FL 34251-9403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90029 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)