## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 790789** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** HILLSBOROUGH COUNTY FARM BUREAU, LAA. 01-28-2000 90201 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 100 S MULRENNAN ROAD 100 S MULRENNAN ROAD VALRICO FL 33594 VALRICO FL 33594-3934 AInona 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0730009 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name 👡 . Street Address (P.O. Box Number is Not Acceptable) HUKLE, CHERYL 100 S MULRENNAN ROAD VALRICO FL 33594 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Change PD ☐ Delete TITLE HUKLE, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 100 S MULRENNAN ROAD CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Change ☐ Addition ☐ Delete VPD TITLE TITLE DRAWDY, RUIS NAME NAME STREET ADDRESS STREET ADDRESS 1507 WILLIAMS RD. CITY-ST-7IP CITY-ST-ZIP PLANT CITY FL 33565 Change ☐ Addition TITLE ☐ Delete HINTON, JEMY NAME NAME STREET ADDRESS STREET ADDRESS 1610 N. TAYLOR RD. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** √ Detete Change Addition TITLE TITLE TDDAVIS, CARL B NAME Grier, Suzanna STREET ADDRESS STREET ADDRESS 3307 N GALLAGHER RD 7026 Westminster St. CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Tampa, FL 33635 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 artach perifyith an address, with all other like empowered.