

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90260 019 \*\*\*\*61.25

**DOCUMENT # 790789**

1. Entity Name

**HILLSBOROUGH COUNTY FARM BUREAU, LAA.**

Principal Place of Business

100 S MULRENNAN ROAD  
 VALRICO FL 33594

Mailing Address

100 S MULRENNAN ROAD  
 VALRICO FL 33594

40400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0730009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HUKLE, CHERYL**  
 100 S MULRENNAN ROAD  
 VALRICO FL 33594

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	PD	<input type="checkbox"/> Delete
NAME	HUKLE, CHERYL	
STREET ADDRESS	100 S MULRENNAN ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DRAWDY, RUIS	
STREET ADDRESS	1507 WILLIAMS RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HINTON, JEMY	
STREET ADDRESS	1610 N. TAYLOR RD.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIER, SUZANNA	
STREET ADDRESS	7026 WESTMINSTER ST	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY ENGLISH	
STREET ADDRESS	P.O. BOX 10	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	SEC. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE ANN COLEMAN	
STREET ADDRESS	1939 S. FORBES RD.	
CITY-ST-ZIP	PLANT CITY, FL 33527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cheryl Hukle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01 813-685-9121

CR2E037 (10/00)