

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 790789**

1. Entity Name

**HILLSBOROUGH COUNTY FARM BUREAU, LAA.**

Principal Place of Business

Mailing Address

**100 S MULRENNAN ROAD  
VALRICO FL 33594****100 S MULRENNAN ROAD  
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 **JUDI WHITSON**

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

**100 S. MULRENNAN RD.**City **VALRICO**

FL

Zip Code **33594**

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 checked="" type="checkbox"/> Delete
NAME	HUKLE, CHERYL	
STREET ADDRESS	100 S MULRENNAN ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIER, SUZANNA	
STREET ADDRESS	7028 WESTMINSTER ST	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, RODNEY	
STREET ADDRESS	P.O. BOX 10	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLEMAN, LEEANN	
STREET ADDRESS	1839 S FORBIS ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
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	DENNIS CARLTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	100 S. MULRENNAN RD.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVIN FULTCH	
STREET ADDRESS	100 S. MULRENNAN RD.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE COLLINS	
STREET ADDRESS	100 S. MULRENNAN RD.	
CITY-ST-ZIP	VALRICO, FL 33594	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 17, 2002 813-685-9121

Date

Daytime Phone #

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90025 046 \*\*\*\*61.25

87543



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0730009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

CR2E037 (9/01)