

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790792

1. Entity Name

INDIAN RIVER COUNTY FARM BUREAU, A LIMITED AGRIC

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 020 ****61.25

Principal Place of Business

Mailing Address

1120 -20TH PLACE
VERO BEACH FL 32960
US

1120 -20TH PLACE
VERO BEACH FL 32960-5362
US

2. Principal Place of Business

1120 20th Place

Suite, Apt. #, etc.

3. Mailing Address

1120 20th Place

Suite, Apt. #, etc.

City & State
Vero Beach, Fl.

City & State
Vero Beach, Fl.

Zip
32960

Country
USA

Zip
32960

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBETH, SCOTT W
505 -68TH AVE S.W.
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name
Mark Sanchez

Street Address (P.O. Box Number is Not Acceptable)
7735 County Road 512

City
Fellsmere

FL

Zip Code
32948

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  President 3/20/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P LAMBETH, SCOTT W P.O. BOX 2488 N/A VERO BEACH FL 32966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHINN, CHARLES M. III 769 24TH SQUARE VERO BEACH FL 32962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, MARK 7735 C.R. 512 FELLSMERE FL 32948-7803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPSON, ROBERT D 5020 -12 STREET VERO BEACH FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, PATRICK 935-52ND AVENUE FELLSMERE FL 32966	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEHAUS, DON 7380 -61 STREET VERO BCH FL 32967-4903	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Sanchez 7735 County Road 512 Fellsmere, FL 32948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles M. Sminn, III 769 24th Square Vero Beach, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jeff Bass P.O. Box 277 (N/A) Wabasso, FL 32970	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Earman, Jr. 4375 9th Lane Vero Beach, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kevin Bynum 22200 State Road 60 Vero Beach, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jimmy Simpson 4725 70th Terrace Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

Mark Sanchez

SIGNATURE:  President

3/20/2000

561-562-4119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)