

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790796

1. Entity Name

BAY COUNTY FARM BUREAU LAA

Principal Place of Business

2810-A HWY 77
PANAMA CITY FL 32405
US

Mailing Address

P.O. BOX 726
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6177716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASHBURN, ARTHUR B
12013 HAUSER RD
PANAMA CITY FL 32404

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASHBURN, ARTHUR B	
STREET ADDRESS	12013 HAUSER RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, JIMMY	
STREET ADDRESS	307 FLOYD DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETTY, FRED	
STREET ADDRESS	P O BOX 628	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAUPHIN, MILDON	
STREET ADDRESS	1538 PRIMROSE LN	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90080 043 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)