

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 042 ****61.25

DOCUMENT # 790808

1. Entity Name

SANTA ROSA COUNTY FARM BUREAU, LAA

Principal Place of Business

4035 HWY 4
 JAY FL 32565
 US

Mailing Address

PO BOX490
 JAX FL 32565
 US

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

59-0785943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, J. M
 2517 CAAMORS RD.
 JAY FL 32565

7. Name and Address of New Registered Agent

Name

Rey Holley Pres.

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

7040 Hwy 4w

City

Baker FL

FL

Zip Code

32531

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

5/30/01

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	DST	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKS, TERESA	
STREET ADDRESS	4892 JAMES HENDRICKS RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKS, MARK	
STREET ADDRESS	4892 JAMES HENDRICKS RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY	
STREET ADDRESS	RT 3 BOX 97 HWY 89 N/A	
CITY-ST-ZIP	MILTOB FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIDWELL, MARION	
STREET ADDRESS	8093 CHOMOCCA HWY	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWRY, H H III	
STREET ADDRESS	3701 HAZEL GODWIN RD	
CITY-ST-ZIP	JAY FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MICKEY, DIAMOND	
STREET ADDRESS	2517 CAMORS RD.	
CITY-ST-ZIP	JAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audra Flinn	
STREET ADDRESS	640 Jimmy Lewis Rd	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon Flinn	
STREET ADDRESS	640 Jimmy Lewis Rd	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Edwards	
STREET ADDRESS	2108 Mineral Spgs Rd, Jay FL	
CITY-ST-ZIP	32565	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Godwin	
STREET ADDRESS	PO Box 184	
CITY-ST-ZIP	Jay FL 32565	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Godwin	
STREET ADDRESS	PO Box 184, Jay, FL	
CITY-ST-ZIP	32565	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Diamond	
STREET ADDRESS	2517 Camors Rd	
CITY-ST-ZIP	Jay FL 32565	

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 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]

5/30/01

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CR2E037 (10/00)