

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90267 040 ****61.50

DOCUMENT # 790808

1. Entity Name

SANTA ROSA COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

4035 HWY 4
 JAY FL 32565
 US

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

7. Name and Address of New Registered Agent

HOLLEY, REX
7040 HWY 400
BAKER FL 32531

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FLINN, AUDRA**
 CITY-ST-ZIP **640 JIMMY LEWIS ROAD**
MILTON FL 32570

TITLE ☐ Change ☒ Addition
 NAME **D.V.P.**
 STREET ADDRESS **Alan Edwards**
 CITY-ST-ZIP **2325 Harvest Rd, Jay FL 32565**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FLINN, SHANNON**
 CITY-ST-ZIP **640 JIMMY LEWIS ROAD**
MILTON FL 32570

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, JERRY**
 CITY-ST-ZIP **RT 3 BOX 97 HWY 89 N/A**
MILTOB FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **GODWIN, BRUCE**
 CITY-ST-ZIP **P.O. BOX 184**
JAY FL 32565

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LOWRY, H H III**
 CITY-ST-ZIP **3701 HAZEL GODWIN RD**
JAY FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **DIAMOND, MICKEY**
 CITY-ST-ZIP **2517 CAMORS ROAD**
JAY FL 32565

TITLE ☐ Change ☐ 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

4/11/02
 Date

8806754592
 Daytime Phone #

CR2E037 (9/01)