

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790819

1. Entity Name

OSCEOLA COUNTY FARM BUREAU LAA

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90130 005 ****61.25

Principal Place of Business

Mailing Address

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FL 34744

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FLA 34744-3729

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1140157

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JUSTESEN, JARED
5475 BOUTIN LANE
ST. CLOUD FL 34772

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

T ☒ Delete
NAME PARTIN, JANET
STREET ADDRESS 2730 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE FL 34744

☐ Change ☒ Addition
D
NAME W. J. Brack, Jr.
STREET ADDRESS 2509 Zuni Rd.
CITY-ST-ZIP St Cloud, FL 34771

V ☐ Delete
NAME ANDREE, JEFF
STREET ADDRESS 1230 WINDWAY CIR
CITY-ST-ZIP KISSIMMEE FL 34744

☐ Change ☐ Addition

S ☐ Delete
NAME BABB, RAYMOND
STREET ADDRESS 2410 BABB ROAD
CITY-ST-ZIP ST CLOUD, FL 00000

☐ Change ☐ Addition

D ☐ Delete
NAME PARTIN, CHARLES
STREET ADDRESS 2967 PARTIN SETTLEMENT
CITY-ST-ZIP KISSIMMEE FL

☐ Change ☐ Addition

D ☐ Delete
NAME BRONSON, IRLO JR
STREET ADDRESS 1620 LYNELLE DR
CITY-ST-ZIP KISSIMMEE, FL 00000

☐ Change ☐ Addition

D ☐ Delete
NAME LACKEY, DANNY
STREET ADDRESS 1415 W VINE ST.
CITY-ST-ZIP KISSIMMEE FL

☐ Change ☐ 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.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

740819

B0018570

D

Arenda Brack
2509 Zuni Rd.
St. Cloud, Fl 34771

D

Daniel Haggard
5160 Haywood Ruffin Rd.
St. Cloud, Fl 34771

D

Herb Harbin
4455 Kaiser Ave.
St. Cloud, Fl 34772

D

James Smith
P.O. Box 420639
Kissimmee, Fl 34742

D

Dewayne Oxford
13754 Deseret Ln.
St. Cloud, Fl 34773