

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790819

1. Entity Name

OSCEOLA COUNTY FARM BUREAU LAA

Principal Place of Business

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FL 34744

Mailing Address

1680 EAST IRLO BRONSON MCM. HIGHWAY
KISSIMMEE FL 34744

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

59-1140157

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

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

Jared Justesen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

04/24/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BRACK, W.J. JR.
STREET ADDRESS 2509 ZUNI RD.
CITY-ST-ZIP SAINT CLOUD FL 34771

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

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

TITLE ☐ Change ☐ Addition
NAME Daniel Haggard (V)
STREET ADDRESS 5160 Haywood Ruffin Rd.
CITY-ST-ZIP St Cloud, FL 34771

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

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

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

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

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

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

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

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:

Raymond Babb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 407-847-5189

Date

Daytime Phone #

00056355



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)