

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90119 049 ****61.25

DOCUMENT # 790819

1. Entity Name

OSCEOLA COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

1680 EAST IRLO BRONSON MCM. HIGHWAY
 KISSIMMEE FL 34744

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 **Dan Haggard**
 Street Address (P.O. Box Number is Not Acceptable) **3160 Haywood Ruffin Rd**
 City **St Cloud** FL **34771**

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

(NOTE: Registered Agent signature required when reappointment)

DATE

2/21/02

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 **HAGGARD, DANIEL**
 STREET ADDRESS **5160 HAYWOOD RUFFIN ROAD**
 CITY-ST-ZIP **SAINT CLOUD FL 34771**

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

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

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
 NAME **Herb Harbin**
 STREET ADDRESS **4455 Kaiser Ave.**
 CITY-ST-ZIP **ST CLOUD, FL 34772**

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 LYNDALL 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:

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

Date

Daytime Phone #

2/21/02 407-847-5189

CR2E037 (9/01)