

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90143 031 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

**HAGGARD, DAN
5160 HAYWOOD RUFFIN RD
SAINT CLOUD FL 34771**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Delete
NAME **HARBIN, HERB**
STREET ADDRESS **4455 KAISER AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **V/S/T** ☒ 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 LYNDELL 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 fee empowered.

SIGNATURE:

Herb Harbin **REQUIRE** *Herb Harbin* **3-6-03 407-8475189**

CR2E037 (10/02)