

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790836

1. Entity Name

HENDRY-GLADES COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

190 N BRIDGE ST
LABELLE FL 33935
US

P.O. BOX 1365
LABELLE FL 33975-1365
US

2. Principal Place of Business

154 N. Bridge St

3. Mailing Address

P.O. box 1365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LaBelle, FL

City & State

LaBelle, FL

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry

4. FEI Number

59-6177727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUIR, DONNA
P.O BOX 1723
131 N RIVERVIEW ST
LABELLE FL 33935

7. Name and Address of New Registered Agent

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

Carl Perry Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CROOKS, MIKE
CITY-ST-ZIP STAR ROUTE BOX 79
CLEWISTON FL

TITLE ☐ Delete
NAME PAIGE, STEVE
STREET ADDRESS RR 1, BOX 101N
CITY-ST-ZIP CLOWISTON FL 33440

TITLE ☐ Delete
NAME PERRY, CARL
STREET ADDRESS RT #2 BOX 640
CITY-ST-ZIP MOORE HAVEN FL

TITLE ☐ Delete
NAME E.G. HOLLAND
STREET ADDRESS 171 CAMPBELL ST.
CITY-ST-ZIP LABELLE FL

TITLE ☐ Delete
NAME ALAN HAMMOCK
STREET ADDRESS 109 FLAG HOLE RD.
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Delete
NAME DONNA MUIR
STREET ADDRESS 131 N. RIVERVIEW ST.
CITY-ST-ZIP LABELLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Steve Paige
CITY-ST-ZIP RR1 Box 101N
Clewiston, FL 33440

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Perry, carl
CITY-ST-ZIP 950 Western Dri SW
Moore Haven, FL 33471

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Holland, E. G.
CITY-ST-ZIP P.O. box 321
LaBelle, FL 33975

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Hammock, Alan
CITY-ST-ZIP P.O. box 1928
Clewiston, FL 33440

TITLE ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS Donna Muir-Strickland
CITY-ST-ZIP P.O.Box 1723
Labelle, FL 33975

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

1-18-2000 941-946-0286

Date

Daytime Phone #