

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790836

1. Entity Name

HENDRY-GLADES COUNTY FARM BUREAU, LAA

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90172 005 \*\*\*\*\*61.25

Principal Place of Business

154 N. BRIDGE ST  
LABELLE FL 33935  
US

Mailing Address

P.O. BOX 1365  
LABELLE FL 33975  
US

713996



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-6177727

Applied For

Not Applicable

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry

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  
Donna M. Strickland

Street Address (P.O. Box Number is Not Acceptable)

1261 Riverbend Dr

P.O. box 1723

City

LaBelle

FL

Zip Code  
33975

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

*Donna M. Strickland*

1-16-2001

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PERRY, CARL  
950 WESTERN DRI SW  
MOORE HAVEN FL 33471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
E.G. HOLLAND  
P.O. BOX 321  
LABELLE FL 33975 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALAN HAMMOCK  
P.O. BOX 1928  
CLEWISTON FL 33440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DONNA MUIR  
P.O. BOX 1723  
LABELLE FL 33975 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Paul Meador  
P.O. Box 130  
Immokalee, Fl 34143 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Donna M Strickland  
P.O. box 1723  
LaBelle, Fl 33975 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Richard Bass  
P.O. Box 578  
Felda, Fl 33930 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Alan Hammock  
P.O. Box 1928  
Clewiston, Fl 33440 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Danny Reynolds  
P.O. box 460  
Moore Haven, Fl 33471 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
E.G. Holland  
P.O. box 321  
LaBelle, Fl 33975 ☒ 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:

*Donna M. Strickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

625-2535

Date

Daytime Phone #

CR2E037 (10/00)

~~HENDRY~~ GLADES COUNTY FARM BUREAU, LAA

Additions/Changes to Officers and Directors

DIRECTOR  
Carl Perry  
950 Western Dr SW  
Moore Haven, Fl 33471

Director  
Robert Coker  
P.O. Drawer 1207  
Clewiston, Fl 33440

Director

Ray C Hull  
HC 61 Box 90  
Clewiston, Fl 33440

Attachment  
DOC # 190836  
713996