

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790836

1. Entity Name

HENDRY-GLADES COUNTY FARM BUREAU, LAA

Principal Place of Business

154 N. BRIDGE ST
LABELLE FL 33935
US

Mailing Address

P.O. BOX 1365
LABELLE FL 33975
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STRICKLAND, DONNA M
1261 RIVERBEND DR
P.O. BOX 1723
LABELLE FL 33975

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

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	D	<input type="checkbox"/> Delete
NAME	CROOKS, MIKE	
STREET ADDRESS	STAR ROUTE BOX 79	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAIGE, STEVE	
STREET ADDRESS	RR 1, BOX 101N	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRICKLAND, DONNA M	
STREET ADDRESS	P.O. BOX 1723	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	D	<input type="checkbox"/> Delete
NAME	E.G. HOLLAND	
STREET ADDRESS	P.O. BOX 321	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALAN HAMMOCK	
STREET ADDRESS	P.O. BOX 1928	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASS, RICHARD	
STREET ADDRESS	P.O. BOX 578	
CITY-ST-ZIP	FELDA FL 33930	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Reynolds	
STREET ADDRESS	P.O. box 460	
CITY-ST-ZIP	Moore Haven, Fl 33471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	carl Perry	
STREET ADDRESS	950 Western Dr	
CITY-ST-ZIP	Moore Haven, Fl 33471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul J. Meador	
STREET ADDRESS	P.O. box	
CITY-ST-ZIP	Immokalee, Fl 34143	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Hull	
STREET ADDRESS	HC 61 Box 90	
CITY-ST-ZIP	Clewiston, Fl 33440	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Coker	
STREET ADDRESS	P.O. Drawer 1207	
CITY-ST-ZIP	Clewiston, Fl 33440	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

Donna M Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90082 011 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6177727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

2/8/02

863 6252535