

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90092 048 ****61.25

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**

00044003



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

154 N Bridge St
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1365
Suite, Apt. #, etc.

City & State

La Belle FL

City & State

La Belle 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

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

7. Name and Address of New Registered Agent

Name **Richard Bass**

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

**23090 Shaugher House Rd La Belle FL
PO Box 578**

City **FELDA**

FL

Zip Code

33930

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.

Richard Bass Pres

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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 ☐ Delete
NAME **CROOKS, MIKE**
STREET ADDRESS **STAR ROUTE BOX 79**
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☒ Change ☐ Addition
NAME **Secretary Crooks, Mike**
STREET ADDRESS **HC 61 Box 79**
CITY-ST-ZIP **Clewiston FL 33440**

TITLE ☐ Delete
NAME **PAIGE, STEVE**
STREET ADDRESS **950 WESTERN DR**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☒ Change ☐ Addition
NAME **Steve Paige**
STREET ADDRESS **1023 L-1 Dike Rd**
CITY-ST-ZIP **Clewiston FL 33440**

TITLE ☐ Delete
NAME **STRICKLAND, DONNA M**
STREET ADDRESS **P.O. BOX 1723**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☒ Change ☐ Addition
NAME **Treasurer Donna Strickland**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HULL, RAY**
STREET ADDRESS **HC 61 BOX 90**
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ Delete
NAME **COKER, ROBERT**
STREET ADDRESS **P O BOX 1207**
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☐ Delete
NAME **BAGG, RICHARD**
STREET ADDRESS **P.O. BOX 578**
CITY-ST-ZIP **FELDA FL 33930**

TITLE ☒ Change ☐ Addition
NAME **President Richard Bass**
STREET ADDRESS **PO Box 578**
CITY-ST-ZIP **FELDA FL 33930**

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:

Richard Bass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 863625-2535

CR2E037 (10/02)

Attachment

ADD :

V.P.
PAUL J. MEADOR
P.O. BOX 130
IMMOKALEE, FL 34L43

90044003
790836

ADD:

DIRECTOR
JOE FLINT
P.O. BOX 4004
MOORE HAVEN, FL 33471

DIRECTOR
ALAN HAMMOCK
P.O. BOX 1928
CLEWISTON, FL 33440

DIRECTOR
E.G. HOLLAND
P.O. BOX 321
LABELLE, FL 33975

DIRECTOR
CARL PERRY
950 WESTERN DR SW
MOORE HAVEN, FL 33471