

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790902

1. Entity Name

CALHOUN COUNTY FARM BUREAU, LAA

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90132 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

615 N MAIN STREET  
BLOUNTSTOWN FL 32424

615 N MAIN STREET  
BLOUNTSTOWN FL 32424-1735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0977533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BODIFORD JR., CECIL  
RT 2 BOX 33 HWY 71N  
ALTA FL 32421

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME BODIFORD, CECIL, JR  
STREET ADDRESS HWY 71 N.  
CITY-ST-ZIP ALTA, FL 00000

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

TITLE V ☐ Delete  
NAME WILLIAMS, LLOYD  
STREET ADDRESS HWY 71 NORTH  
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE S ☐ Delete  
NAME PURVIS, MIKE  
STREET ADDRESS RT 1 BOX 31-K  
CITY-ST-ZIP BLOUNTSTOWN, FL 00000

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

TITLE D ☐ Delete  
NAME BROGDON, ANDY  
STREET ADDRESS RT 2 BOX 36B  
CITY-ST-ZIP ALTA FL

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

TITLE TD ☐ Delete  
NAME RACKLEY, RUDY  
STREET ADDRESS HWY 71 N.  
CITY-ST-ZIP ALTA, FL 00000

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

TITLE D ☐ Delete  
NAME MILLER, DONALD  
STREET ADDRESS RT 1 BOX 173 HWY 73 NORTH  
CITY-ST-ZIP ALTA 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 like empowered.

SIGNATURE:

*Donald Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

(850) 674-5471

Daytime Phone #

CR2E037 (9/99)