

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90103 022 ****61.25

DOCUMENT # 790902

1. Entity Name

CALHOUN COUNTY FARM BUREAU, LAA

Principal Place of Business

**615 N MAIN STREET
BLOUNTSTOWN FL 32424**

Mailing Address

**615 N MAIN STREET
BLOUNTSTOWN FL 32424**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0977533

Applied For

Not Applicable

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BODIFORD, CECIL, JR	HWY 71 N.	ALTA, FL 00000	<input type="checkbox"/>
V	WILLIAMS, LLOYD	HWY 71 NORTH	BLOUNTSTOWN FL	<input type="checkbox"/>
S	PURVIS, MIKE	RT 1 BOX 31-K	BLOUNTSTOWN, FL 00000	<input type="checkbox"/>
D	BROGDON, ANDY	RT 2 BOX 36B	ALTA FL	<input type="checkbox"/>
TD	RACKLEY, RUDY	HWY 71 N.	ALTA, FL 00000	<input type="checkbox"/>
D	MILLER, DONALD	RT 1 BOX 173 HWY 73 NORTH	ALTA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	BODIFORD, CECIL, JR	RT 2 BOX 33	ALTA, FL 32421	<input checked="" type="checkbox"/>
V	WILLIAMS, LLOYD	RT 1 BOX 662	BLOUNTSTOWN, FL 32424	<input checked="" type="checkbox"/>
S	PURVIS, MIKE	RT 1 BOX 152	BLOUNTSTOWN, FL 32424	<input checked="" type="checkbox"/>
D	BROGDON, ANDY	15431 NE JACK STRICKLAND RD	ALTA, FL 32421	<input checked="" type="checkbox"/>
D	RACKLEY, RUDY	RT 2 BOX 293	ALTA, FL 32421	<input checked="" type="checkbox"/>
TDCKERY, ROCKY	VICKERY, ROCKY	RT 2 BOX 732	BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Cecil Bodiford Jr 1-19-01 (850)674-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)