

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 90215 018 \*\*\*\*61.25

**DOCUMENT # 790903**

1. Entity Name

**TAYLOR COUNTY FARM BUREAU, LAA**

Principal Place of Business

Mailing Address

**813 S. WASHINGTON ST.  
 PERRY FL 32347  
 US**

**813 S. WASHINGTON STREET  
 PERRY FL 32347-3339**

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

**59-6194985**

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

**DAVIS, HENRY  
 1100 EAST JULIA DR.  
 PERRY FL 32347**

Name

**Rowell, Auley**

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

**Ira Smith Road Hwy 14**

City

**Shady Grove**

**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

*Auley Rowell* **President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-26-00**

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	<input type="checkbox"/> Delete
NAME	DAVIS, HENRY	
STREET ADDRESS	1100 E. JULIA DRIVE	
CITY-ST-ZIP	PERRY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWELL, AULEY	
STREET ADDRESS	IRA SMITH ROAD, HWY. 14	
CITY-ST-ZIP	SHADY GROVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, RUDOLPH	
STREET ADDRESS	RT 4 BOX 275	
CITY-ST-ZIP	PERRY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUCK, HELEN	
STREET ADDRESS	RT 3 BOX 464	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUCK ERNEST	
STREET ADDRESS	RT 3 BOX 464	
CITY-ST-ZIP	PERRY, FL 0	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, IMA	
STREET ADDRESS	RT 5 BOX 612	
CITY-ST-ZIP	PERRY FL	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Auley Rowell	
STREET ADDRESS		
CITY-ST-ZIP	Ira Smith Road, Hwy 14 Shady grove 32357	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Davis 1100 E. Julia Drive	
STREET ADDRESS	Perry, FL 32347	
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iris Parker Rt. 4, Box 726	
STREET ADDRESS	Perry, FL 32347	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolph Parker Rt. 4, Box 726	
STREET ADDRESS	Perry, FL 32347	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thad Hardin P. O. Bx 303 Fish Creek	
STREET ADDRESS	Salem, FL 32356	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Sessions Rt. 1, Bx 96D	
STREET ADDRESS	Greenville, FL 32331	
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:

*Auley Rowell* **Rowell, President**

**850 584-2371 04-25-00**

CF2037 (9/99)



## TAYLOR COUNTY FARM BUREAU

813 South Washington Street • Perry FL 32347 • Phone 904-584-2371



790903  
00092727

Attachment Document # 790903

D  
Jo Swearingen  
1200 N. Allen Street  
Perry, FL 32347