

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790971

1. Entity Name

OKALOOSA COUNTY FARM BUREAU LAA

Principal Place of Business

921 JAMES LEE BLVD
CRESTVIEW FL 32536
US

Mailing Address

P BOX 189
CRESTVIEW FL 32536-5136
US

2. Principal Place of Business

3. Mailing Address 921 James Lee Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CRESTVIEW

Zip

Country

Zip
32536

Country

OKALOOSA

4. FEI Number

59-0997282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, FRANK
6609 LENWOOD JACKSON RD
BAKER FL 32531

7. Name and Address of New Registered Agent

Name
Robert G. EVERS

Street Address (P.O. Box Number is Not Acceptable)
1054 MELTON ROAD

City
BAKER

FL

Zip Code
32531

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 Robert G. EVERS President Robert G. Evers

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	PD	<input type="checkbox"/> Delete
NAME	RAY, FRANK	
STREET ADDRESS	6609 LENWOOD JACKSON RD	
CITY-ST-ZIP	BAKER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREE, KEITH	
STREET ADDRESS	7303 HIGHWAY 393	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROGERS, MORRIS	
STREET ADDRESS	3490 NEW EBERNEZER RD	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	EMB	<input type="checkbox"/> Delete
NAME	CROWSON, HAROLD	
STREET ADDRESS	1956 LG RUSSELL RD	
CITY-ST-ZIP	BAKER FL	
TITLE	EBM	<input type="checkbox"/> Delete
NAME	LOONEY, LARRY	
STREET ADDRESS	1837 CO RD 180	
CITY-ST-ZIP	BAKER FL	
TITLE	BMM	<input type="checkbox"/> Delete
NAME	SETERFITT, JERRY	
STREET ADDRESS	7305 SENTERFITT RD.	
CITY-ST-ZIP	LAUREL HILL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G. EVERS	
STREET ADDRESS	1054 MELTON RD.	
CITY-ST-ZIP	BAKER, FL. 32531	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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 like empowered.

SIGNATURE:

ROBERT G. EVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-20-00

Date

850-537-3661

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)