

2001 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
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

RAY, FRANK
6609 LENWOOD JACKSON RD
BAKER FL 32531

Name Robert G Evers

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

1054 melton Rd

Baker

City

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

3/24/01

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 PD
NAME RAY, FRANK
STREET ADDRESS 6609 LENWOOD JACKSON RD
CITY-ST-ZIP BAKER FL

☐ Delete

TITLE President
NAME Robert G. Evers
STREET ADDRESS 1054 melton Rd
CITY-ST-ZIP Baker, FL 32531

☒ Change ☐ Addition

TITLE VD
NAME FREE, KEITH
STREET ADDRESS 7303 HIGHWAY 393
CITY-ST-ZIP LAUREL HILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME ROGERS, MORRIS
STREET ADDRESS 3490 NEW EBERNEZER RD
CITY-ST-ZIP LAUREL HILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EMB
NAME CROWSON, HAROLD
STREET ADDRESS 1956 LG RUSSELL RD
CITY-ST-ZIP BAKER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EBM
NAME LOONEY, LARRY
STREET ADDRESS 1837 CO RD 180
CITY-ST-ZIP BAKER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE BMM
NAME SENTERFITT, JERRY
STREET ADDRESS 7305 SENTERFITT RD.
CITY-ST-ZIP LAUREL HILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Robert G Evers 3/24/01 850-682-3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90386 013 ****61.25

134738



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)