

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90039 028 ****61.25

DOCUMENT # 790971

1. Entity Name

OKALOOSA COUNTY FARM BUREAU LAA

Principal Place of Business

Mailing Address

**921 JAMES LEE BLVD
CRESTVIEW FL 32536
US****921 JAMES LEE BLVD
CRESTVIEW FL 32536
US**

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

59-0997282

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

**EVERS, ROBERT G
1054 MELTON RD.
BAKER FL 32531**

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

Greg Evers

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

Robert G Evers

(NOTE: Registered Agent signature required when reinstating)

1/25/02

DATE

FILE NOW: FEE IS \$61.259. 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
PD	EVERS, ROBERT G	1054 MELTON RD.	BAKER FL 32531	<input type="checkbox"/>
VD	FREE, KEITH	7303 HIGHWAY 393	LAUREL HILL FL	<input type="checkbox"/>
STD	ROGERS, MORRIS	3490 NEW EBERNEZER RD	LAUREL HILL FL	<input type="checkbox"/>
EMB	CROWSON, HAROLD	1956 LG RUSSELL RD	BAKER FL	<input type="checkbox"/>
EBM	LOONEY, LARRY	1837 CO RD 180	BAKER FL	<input type="checkbox"/>
BMM	SENTERFITT, JERRY	7305 SENTERFITT RD.	LAUREL HILL FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

KEITH L. FREE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)