

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790973

1. Entity Name

HAMILTON COUNTY FARM BUREAU LAA

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90009 027 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 31  
JASPER FL 32052

Mailing Address

P.O. BOX 31  
JASPER FL 32052-5856

000124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1117 NW US Hwy 41

Suite, Apt. #, etc.

Suite A

City & State

JASPER FL

Zip

32052

Country

Hamilton

3. Mailing Address

1117 NW US Hwy 41

Suite, Apt. #, etc.

Suite A

City & State

JASPER FL

Zip

32052

Country

Hamilton

4. FEI Number

59-6194208

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

GOOLSBY, DAVID  
9198 SW 67TH DR  
JASPER FL 32052

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	P	<input type="checkbox"/> Delete
NAME	DEAS, DAMON	
STREET ADDRESS	5060 NW 20TH DR	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, MIKE	
STREET ADDRESS	6834 NW 44TH ST	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOOLSBY, DAVID	
STREET ADDRESS	ROUTE 1, BOX 150	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, RAY	
STREET ADDRESS	7298 SW 37TH TER	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAS, JON	
STREET ADDRESS	RT. 1 BOX 137	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERIXTON, BILL	
STREET ADDRESS	RT 1 BOX 5630	
CITY-ST-ZIP	WINTER SPRINGS FL	

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

*David Deas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00

904-792-145