

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790980

1. Entity Name

UNION COUNTY FARM BUREAU, LAA

Principal Place of Business

325 SE 6TH ST.  
LAKE BUTLER FL 32054

Mailing Address

325 SE 6TH ST.  
LAKE BUTLER FL 32054-2627

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 59-0866417

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

PARRISH, KAREN E  
750 E MAIN ST  
LAKE BUTLER FL 32054

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 VD  
NAME CLYATT, GLEN LANIER  
STREET ADDRESS RT 2, BOX 420  
CITY-ST-ZIP LAKE BUTLER FL ☒ Delete

TITLE D  
NAME CLYATT, DALE  
STREET ADDRESS RT 1 BOX 420  
CITY-ST-ZIP LAKE BUTLER FL ☐ Delete

TITLE P  
NAME PARRISH, KAREN E  
STREET ADDRESS 750 E. MAIN ST.  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE D  
NAME GRAHAM, DONALD  
STREET ADDRESS RT 5 BOX 5030  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE ST VP  
NAME GRIFFIS, ELERY  
STREET ADDRESS RT 4 BOX 2392  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE S  
NAME CRAWFORD, SANDRA  
STREET ADDRESS RT 2 BOX 410  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE D  
NAME TOMMY CRAWFORD  
STREET ADDRESS RR 2 Box 410  
CITY-ST-ZIP LAKE BUTLER, FL, 32054 ☐ Change ☒ Addition

TITLE D  
NAME KATHERYN GRIFFIS  
STREET ADDRESS RR 4 BOX 2392  
CITY-ST-ZIP LAKE BUTLER, FL 32054 ☐ Change ☒ Addition

TITLE D  
NAME KARL WILLIAMS  
STREET ADDRESS PO BOX 111  
CITY-ST-ZIP WORTHINGTON SPRINGS, FL 32697 ☐ Change ☒ Addition

TITLE D  
NAME DAVID HARRIS  
STREET ADDRESS RR 1 BOX 43H  
CITY-ST-ZIP LAKE BUTLER, 32054 ☐ Change ☒ Addition

TITLE D  
NAME ALVIN GRIFFIS  
STREET ADDRESS RR 1 BOX 500  
CITY-ST-ZIP LAKE BUTLER, FL 32054 ☐ 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:

SIGNATURE REQUIRED

1-17-00

904-496-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE20037 (0/00)