

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90036 039 ****61.25

DOCUMENT # 790980

1. Entity Name

UNION COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

**325 SE 6TH ST.
LAKE BUTLER FL 32054**

**325 SE 6TH ST.
LAKE BUTLER FL 32054**

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

Karen E Parrish

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 **D** ☐ Delete
NAME **CRAWFORD, TOMMY**
STREET ADDRESS **RR 2 BOX 410**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE **D** ☐ Change ☒ Addition
NAME **ALVIN GRIFFIS**
STREET ADDRESS **Rt One Box 500**
CITY-ST-ZIP **Lake Butler Fl 32054**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID HARRIS**
STREET ADDRESS **RR 1 BOX 43H**
CITY-ST-ZIP **Raiford Fl 32083**

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

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

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

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

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

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

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

TITLE **D** ☐ Change ☐ Addition
NAME **CRAWFORD, SANDRA**
STREET ADDRESS **RT 2 BOX 410**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

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:

KAREN E PARRISH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)