

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90037 030 ****61.25

DOCUMENT # 790980

1. Entity Name

UNION COUNTY FARM BUREAU, LA

Principal Place of Business

325 SE 6TH ST.
LAKE BUTLER FL 32054

Mailing Address

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

Name

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

City

FL

Zip Code

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

GRIFFIS, EERY
RT 4 BOX 2392
LAKE BUTLER, FL 32054

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

Eery Griffis
 (NOTE: Registered Agent signature required when reinstating)

1-10-02

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 **EERY GRIFFIS** ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **RT 4 BOX 2392**
 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 **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **TOMMY CRAWFORD**
 STREET ADDRESS **RT 2 BOX 410**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

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

TITLE **SECRETARY/TREASURER** ☒ Change ☐ Addition
 NAME **SANDRA CRAWFORD**
 STREET ADDRESS **RT 2 BOX 410**
 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 **DIRECTOR** ☐ Change ☒ Addition
 NAME **JAMES TRILMAN**
 STREET ADDRESS **RT 2 BOX 826**
 CITY-ST-ZIP **LAKE BUTLER FL 32054**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **CHARLES ALVAREZ**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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: **EERY GRIFFIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)