

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90345 003 \*\*\*\*61.25

**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**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIS, ELERY  
RT 4 BOX 2392  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIS, ELERY</b> <b>RR 2 BOX 410</b> <b>LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWFORD, TOMMY</b> <b>RT 1 BOX 420</b> <b>LAKE BUTLER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARRISH, KAREN E</b> <b>750 E. MAIN ST.</b> <b>LAKE BUTLER FL 32054</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TALLMAN, JAMES</b> <b>RT 5 BOX 5030</b> <b>LAKE BUTLER FL 32054</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GRIFFIS, ELERY</b> <b>RT 4 BOX 2392</b> <b>LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWFORD, SANDRA</b> <b>RT 2 BOX 410</b> <b>LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRIFFIS, Elery</b> <b>RR 2 Box 410</b> <b>LAKE BUTLER FL 32054</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CRAWFORD, SANDRA</b> <b>RT 2 BOX 410</b> <b>LAKE BUTLER FL 32054</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, DAVID</b> <b>RR 1 BOX 434</b> <b>RAIFORD FL 32083</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIS, KATHERYNE</b> <b>RR 2 BOX 410</b> <b>LAKE BUTLER, FL 32054</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Charles Alvarez</b> <b>PO BOX 531</b> <b>RAIFORD FL 32083</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Tommy CRAWFORD</b> <b>RT 2 BOX 410</b> <b>LAKE BUTLER FL 32054</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Sandra E. Crawford*

*1/23/03*

CR2E037 (10/02)