

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90008 002 ****61.25

DOCUMENT # 791039

1. Entity Name

LAFAYETTE COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

HIGHWAY U.S. 27 EAST
PO BOX 336
MAYO FL 32066

HIGHWAY U.S. 27 EAST
PO BOX 336
MAYO FL 32066

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

59-1085328

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

LAND, RODNEY R
HWY. U.S. 27 EAST
MAYO FL 32066

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 D ☐ Delete
NAME SHAW, BILL
STREET ADDRESS RR 2 BOX 1285
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Change ☐ Addition
NAME SHAROLD MORGAN
STREET ADDRESS RR2 BOX 97
CITY-ST-ZIP MAYO, FL 32066

TITLE P ☐ Delete
NAME LAND, ROD
STREET ADDRESS RR2, BOX 1510
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Change ☐ Addition
NAME JASON LAND
STREET ADDRESS RR2 BOX 1510
CITY-ST-ZIP MAYO, FL 32066

TITLE D ☐ Delete
NAME BELL, MYRA
STREET ADDRESS RR1, BOX 469
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Change ☐ Addition
NAME SCOTT BARRINGTON
STREET ADDRESS RR.3 BOX 267
CITY-ST-ZIP MAYO, FL 32066

TITLE ST ☐ Delete
NAME HENDRICK, MITZI
STREET ADDRESS RR2, BOX 345
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Change ☐ Addition
NAME EVERETT HOWELL
STREET ADDRESS RR1 BOX 284
CITY-ST-ZIP BRANFORD, FL 32008

TITLE D ☐ Delete
NAME KERBY, EVERETT
STREET ADDRESS RR 3, BOX 61
CITY-ST-ZIP MAYO FL 32066

TITLE D ☐ Change ☐ Addition
NAME BRACK JACKSON
STREET ADDRESS RR. 2 BOX 1250
CITY-ST-ZIP MAYO, FL 32066

TITLE D ☐ Delete
NAME HOWELL, W.M.
STREET ADDRESS R.R 1 BOX 286
CITY-ST-ZIP BRANFORD FL 32008-9781

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)