

2000 UNIFORM BUSINESS REPORT (UBR)

5/21

DOCUMENT # 791056

1. Entity Name

SARASOTA COUNTY FARM BUREAU, L.A.A.

R

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-26-2000 90117 029 ****61.25

Principal Place of Business

Mailing Address

7289 PALMER BLVD
SARASOTA FL 34240

7289 PALMER BLVD
SARASOTA FL 34240-9404

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

59-0798884

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

~~MARTIN, RORY S.~~
~~7851 CAMPBELL RD.~~
~~SARASOTA FL 34240~~

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	PD	<input type="checkbox"/> Delete
NAME	MARTIN, RORY S.	
STREET ADDRESS	7851 CAMPBELL RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALDAY, FRANCIS W.	
STREET ADDRESS	84 SHANNON RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, ROBBIE L.	
STREET ADDRESS	7851 CAMPBELL RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, MIKE	
STREET ADDRESS	500 OAKFORD RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Daniels	
STREET ADDRESS	4145 Vallarta Ct	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ROBERT M. McGUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

(941) 371-2043
Daytime Phone #

CR2E037 (9/99)