

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90353 009 \*\*\*\*61.25

**DOCUMENT # 790526**

1. Entity Name

**FARMERS COOPERATIVE INC.** ✓

Principal Place of Business

PO BOX 610  
 LIVE OAK FL 32064  
 US

Mailing Address

PO BOX 610  
 LIVE OAK FL 32064  
 US

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

**59-0566896**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, TODD**  
**1725 W HOWARD STREET**  
**LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE NAME	<b>P</b> <b>TERRY, E. RICHARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>RT 1, BOX 2295</b> <b>MADISON FL 32340</b>	
TITLE NAME	<b>D</b> <b>DAVIS, ARCHIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>RT 1, BOX 2500</b> <b>LEE FL 32059</b>	
TITLE NAME	<b>ST</b> <b>LAWRENCE, TODD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1725 W HOWARD STREET</b> <b>LIVE OAK FL 32060</b>	
TITLE NAME	<b>D</b> <b>WEBB, JOHN C</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>RT 1, BOX 510</b> <b>LEE FL 32059</b>	
TITLE NAME	<b>D</b> <b>ROBERTS, EDDY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>P.O. BOX 184</b> <b>O'BRIEN FL 32071</b>	
TITLE NAME	<b>D</b> <del><b>NEWMAN, JOAN</b></del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del><b>RT 1, BOX 887</b></del> <del><b>MICALPIN FL 32062</b></del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>Henderson, Ted (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>16540 68th Place</b> <b>Live Oak FL 32064</b>	

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:

*Todd Lawrence* **REQUIRED**

**Todd Lawrence, Secretary-Treas.**

7-10-02

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE