

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337958

1. Entity Name

HOMESTEAD POLE BEAN COOPERATIVE, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90003 037 ***558.75

Principal Place of Business

26000 SOUTH FEDERAL HWY
P.O. BOX 2248
HOMESTEAD FL 33032
US

Mailing Address

P.O. BOX 322248
HOMESTEAD FL 33032-1548
US

2. Principal Place of Business

26000 SOUTH FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. BOX 322248

City & State
HOMESTEAD, FL

City & State

Zip
33032-1548

Country
DADE

Zip

Country

4. FEI Number

59-1234713

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

BOREK, ROBERT
26000 S. DIXIE HIGHWAY
HOMESTEAD FL 33032

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	HILSON, EDWARD	
STREET ADDRESS	25101 S.W. 134TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	☐ Delete
NAME	DUNAGAN, LARRY	
STREET ADDRESS	14975 SW 232ND ST	
CITY-ST-ZIP	GOULDS, FL 00000	
TITLE	T	☐ Delete
NAME	BOREK, JOSEPH E. JR.	
STREET ADDRESS	600 N.E. 14TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	P	☐ Delete
NAME	BOREK, ROBERT	
STREET ADDRESS	23550 S.W. 153RD AVENUE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	S	☐ Delete
NAME	HEDIGER, WAYNE	
STREET ADDRESS	24155 S.W. 152ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	☐ Delete
NAME	KONSKY, KENNY	
STREET ADDRESS	28243 SW 158 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33033	

TITLE	D	☐ Change ☒ Addition
NAME	BOREK, TOMMY	
STREET ADDRESS	14465 S. W. 256 STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	D	☐ Change ☒ Addition
NAME	WRIGHT, GEORGE	
STREET ADDRESS	P.O. BOX 1751	
CITY-ST-ZIP	HOMESTEAD, FL 33090	
TITLE	D	☐ Change ☒ Addition
NAME	LOGG, CHUCK	
STREET ADDRESS	19345 S.W. 312 St.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)