

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

1 of 30

08-13-2001 90145 037 \*\*\*\*61.25

**DOCUMENT # 711847**  
 1. Entity Name  
**DADE COUNTY 4-H YOUTH FOUNDATION INC**

Principal Place of Business      Mailing Address  
**1455 NW 107TH AVE., SUITE 786**      **1455 NW 107TH AVE., SUITE 786**  
**MIAMI FL 33172**      **MIAMI FL 33172**

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 **59-1153069**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RETTOR, CAROL A**  
**1455 NW 107TH AVE SUITE 786**  
**MIAMI FL 33030**

7. Name and Address of New Registered Agent  
 Name **KATHIE ROBERTS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1455 N.W. 107 AVE. SUITE 786**  
 City **MIAMI**      **FL**      Zip **33172**

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 **KATHIE ROBERTS-SECRETARY**      *Kathie Roberts*      **7/27/01**  
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**  
**After September 12, 2001, 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DINGLER, PETE</b>	
STREET ADDRESS	<b>11201 SW 24 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RETTOR, CAROL</b>	
STREET ADDRESS	<b>1455 NW 107 ST #786</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BAUM, JAY</b>	
STREET ADDRESS	<b>10901 SW 24 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WELSH, ARLENE</b>	
STREET ADDRESS	<b>10313 SW 114 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATHIE ROBERTS</b>	
STREET ADDRESS	<b>1455 N.W. 107 ST. #786</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>	
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 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: *Kathie Roberts*      **KATHIE ROBERTS**      **7/27/2001**      **305-592-8044**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (5/01)