·2000 UNIFORM BUSINESS REPORT (UBR)

				<u>-</u> -	_	•				
DOCUMENT # 715028						FILED				
DADE COUNTY AGRI-COUNCIL, INC.				P	00 SEP 18 PM 2: 26					
Principal Place of Business Mailing Address					SECRETARY OF STATE TATL MAD SEE, PLONISA					
24700 SW 1777H AVENUE P.O. BOX 901547 P.O. BOX 901547 HOMESTEAD FL 33090						对即为自己的	Marin			
HOMESTEAD I				,						
2. Principal Place of Business		3. Mailing Address					- Control of the Cont			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	59-2345501			oplied For ot Applicable	
Zip	Country	Zip	Cox	intry	5. Certificate	of Status Desired		8.75 Add		
e_3 ^4 -	6. Name and Address of Current	Registered Agent	,	4.1	7. Name stid	Address of New I	registered A	gent		
Name										
HAUGHTON-JAMES, PAT				Street Address (P.O. Box Number is Not Acceptable)						
20040 SW 280TH ST										
HUMESTE	AD FL 33030			City			FL	Zip Cod	ie	
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or regis	stered agent, or bot	h, in the state of Fl	orida.			
·										
SIGNATURE										
Signature, typed or printed name of registered agent and idle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
				_				bla As		
	FILE NOW: FEE'IS \$61:25-	9. Election Cam			\$5.00 May Be**		e Check P		10 34 5	
After Sept	ember 13, 2000 min. will be \$2	36.25 Trust Fund Co	סוגוטכווזות	уп, Ц	Added to Fees	l De	partment	or State	•	
10.	OFFICERS AND DIS	RECTORS	11.		ADDITIONS/CH	L ANGES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	28	☐ Delete	TITL	PDPR	FSIDENT	DFFIC	EK-	Change	☐ Addition	
NAME	ALEXANDER, IVONNE F		- NAM	E HA	L-KOTHON-J	MES, PAT				
STREET ADDRESS	12800 SW 200 ST	/		EET ADDRESS 26	16400 HOUSE	180 ST	<i></i>	_		
CITY-ST-ZIP	MIAMI FL ·		CITY	'-SI-ZP 1-PO	MESTEA	D. FC	ノフィゥ			
TITLE	SD	Delete	TITE	E VD VI	E PRES	IDENI	UTTICE	Change :	Addition	
NAME	KESSELL, DIANE L	•	NAM	1 7 7	IIL MAR				,	
STREET ADDRESS CITY-ST-ZIP	P.O. DRAWER 1609 N/A	•	4	-ST-ZIP	160 Sep 2	13/2	3032			
 -	HOMESTEAD FL 33090	☐ Delete		2VD 7	VICE P	ESIDE/	J 1, 0F-1-1	CHIRODE	Addition	
NAME	HAUGHTON-JAMES, PAT	* Treese	1 NAV		ATHLEE	NGCIN	<u> </u>	- e	, -	
STREET ADDRESS	20040 SW 280TH STREET		STR	EET ADDRESS	99 Nu	20 57		 .		
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY	-ST-ZIP ##	omeste	ANFL	<u> 330</u>			
TITLE	VPD	Delete	ΠL	4	ECRETIAN	SSUCCI		Change	☐ Addition	
NAME STREET ADORESE	BUTLER, GEORGE		NAM STR			283 3	7			
STREET ADORESS CITY-ST-ZIP	17925 SW 216 ST HOMESTEAD FL		4	-ST-ZIP	IMESTZ	AN Fr				
TITLE	VPD	D Delete	TITL		000000000	- P		Change	Addition	
NAME	BIMBLER, FRED		NAN		ime /	desi		_ •		
STREET ADDRESS	24700 SW 177 AVE			EET ADDRESS 5	NWX	Ave]				
CITY-ST-ZIP	HOMESTEAD FL		CITY	-ST-ZIP	omestee	GFC 3	3036			
TITLE		Delete	TITL	_		-		Change	Addition Addition	
NAME CTREET ADDRESS			NAM	EET AODRESS						
STREET ADDRESS CITY-ST-ZIP	}		- 1	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	78		:	
12 hereby	certify that the information supplied with	this filling does not qualify for	the exe	motion stated in	Section 119.07(3)(i), Florida Statutes.	i further certi	fy that the i	nformation	
12. I hereby certify that the information supplied with this filling 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 pa-address, with sir other like empowered.										
പവഴിക	, or on an autominent with an audiess,	11.1.1. A. S.	de m		PA	100	6	2110	-22//	
SIGNAT	URE:SIC/YZ/Q	MARKE STATE	<u> つU</u>		8/3	5/00	305 K	740	001	
1	SIGNATUREÁND TYPED OR P	RINTED NAME OF SIGNING OFFICER	ÓM DIMEC.	TOR	,	/ Dane `	- Der	PARTIE TTICHE #	•	