

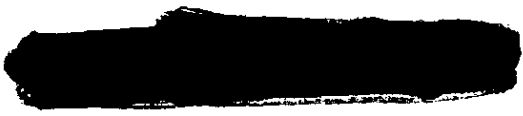
2000 UNIFORM BUSINESS REPORT (UBR)

1/21/00-90118-039-\$61.25-\$61.25

DOCUMENT # 715028
 1. Entity Name
DADE COUNTY AGRICULTURAL COUNCIL, INC.

FILED
 00 SEP 18 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 24700 SW 177TH AVENUE P.O. BOX 901547
 P.O. BOX 901547 HOMESTEAD FL 33090
 HOMESTEAD FL 33090
 US



DO NOT WRITE IN THIS SPACE

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 **59-2345501** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAUGHTON-JAMES, PAT
20040 SW 280TH ST
HOMESTEAD FL 33030

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW: FEE IS \$61.25~~
 After September 13, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	2B ALEXANDER, IVONNE F
STREET ADDRESS	12800 SW 200 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	SD KESSELL, DIANE L
STREET ADDRESS	P.O. DRAWER 1609 N/A
CITY-ST-ZIP	HOMESTEAD FL 33090
TITLE	<input type="checkbox"/> Delete
NAME	PD PRESIDENT HAUGHTON-JAMES, PAT
STREET ADDRESS	20040 SW 280TH STREET
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VPD BUTLER, GEORGE
STREET ADDRESS	17925 SW 216 ST
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VPD BIMBLER, FRED
STREET ADDRESS	24700 SW 177 AVE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PRESIDENT OFFICER HAUGHTON-JAMES, PAT
STREET ADDRESS	20040 SW 280 ST
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD VICE PRESIDENT OFFICER PHIL MARRICINI
STREET ADDRESS	13960 SW 248 ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2VD VICE PRESIDENT OFFICER KATHLEEN SCYNO
STREET ADDRESS	1799 NW 20 ST
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SECRETARY DIANE MASSUCCI
STREET ADDRESS	16075 SW 283 ST
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD TREASURER Jaime Dudley
STREET ADDRESS	521 NW 8 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33036
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: SIG. PAT HAUGHTON-JAMES 8/8/00 (305) 245-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #