

**2001 UNIFORM BUSINESS REPORT (UBR)**

2

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90322 045 \*\*\*\*61.25

**DOCUMENT # 715028**

1. Entity Name

**DADE COUNTY AGRICULTURE COUNCIL, INC.**

Principal Place of Business

Mailing Address

24700 SW 177TH AVENUE  
 P.O. BOX 901547  
 HOMESTEAD FL 33090  
 US

P.O. BOX 901547  
 HOMESTEAD FL 33090

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUGHTON-JAMES, PAT**  
**20040 SW 280TH ST**  
**HOMESTEAD FL 33030**

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

**FILE NOW:  
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DUDLEY, JAIME</b> <b>521 NW 8 AVE</b> <b>HOMESTEAD FL 33036</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MASSUCCI, DIANE</b> <b>16075 SW 283 ST</b> <b>HOMESTEAD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAUGHTON-JAMES, PAT</b> <b>20040 SW 280TH STREET</b> <b>HOMESTEAD FL 33031</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP</b> <b>GLYNN, KATHLEEN</b> <b>14799 NW 20 ST</b> <b>HOMESTEAD FL 33031</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MARRICINI, PHIL</b> <b>13960 SW 248 ST</b> <b>HOMESTEAD FL 33032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SANTIAGO IGLESIAS</b> <b>24700 SW 177 AVE</b> <b>HOMESTEAD, FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED**

*Pat Massucci* 3/24/01 305 248 1624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)