2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90065 022 ****70.00

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DOCUMENT # 743056

1. Entity Name

FARMWORKER COORDINATING COUNCIL OF PALM BEACH CO

Principal Place of Business	Mailing Address
1010 10TH AVENUE NORTH SUITE 1 LAKE WORTH FL 33460	1010 10TH AVENUE NORTH SUITE 1 LAKE WORTH FL 33460

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 59-1830267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELSON, CORINNE ED
1010 10TH AVENUE NORTH
SUITE 1
LAKE WORTH FL 33460

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 Corinne Danielson 2/5/01

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

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	P HASTINGS, BERNARD 5542 MIRROR LAKE BLVD. BOYNTON BCH. FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Executive Director~~ m Corinne Danielson 1010 Tenth Ave North, Ste 1 Lake Worth, FL 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD JACKSON, JEREZ 472 B HIGHPOINT DRIVE DELRAY BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD David Sales 2139 Palm Beach Lakes Blvd West Palm Beach, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD DIDONE, FATHER MATTHEW 9500 W. ATLANTIC AVE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Scott Ebberbach 8192 White Rock Circle Boynton Beach, FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOTT, CONSTANCE ~~1015 NW 10TH~~ ST 4881 Glenn Pine Lane ~~DELRAY BCH. FL 33444~~ Boynton Beach, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD SCHELL, GREG 406 SE AVE E SUITE 102 BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOLINA, JEANETTE 71157 102ND PLACE SOUTH BOYNTON BEACH F; 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 2/5/01 (561) 533-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #