

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790421

1. Entity Name

DADE COUNTY FARM BUREAU, LAA

FILED

Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90079 006 \*\*\*\*61.25

Principal Place of Business

1850 OLD DIXIE HWY  
HOMESTEAD FL 33033

Mailing Address

1850 OLD DIXIE HWY  
HOMESTEAD FL 33033-3212

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

59-0688990

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

SAPP, STEVE  
1850 OLD DIXIE HWY  
HOMESTEAD FL 33033

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

*Steven S. Sapp*  
Signature, typed or printed name of registered agent and title if applicable.

Steven S. Sapp

(NOTE: Registered Agent signature required when reinstating)

2/11/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FREDRICK, JOHN	28525 SW 182 AVE	HOMESTEAD FL	
P	SAPP, STEVE	27451 SW 170 AVE	HOMESTEAD FL	
S	WILSON, MARK	16350 SW 77 COURT	MIAMI FL	
D	WILLIAMS, DWAYNE	27505 SW 167 CT.	HOMESTEAD FL	
D	BOGGS, COLLEEN	16300 SW 184TH ST.	MIAMI FL	
D	GRAVES, KEN	19370 SW 280TH ST.	HOMESTEAD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven S. Sapp

Date

2/11/00

Daytime Phone #

(305)246-5514

CR2E037 (9/99)