

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790434

1. Entity Name

BROWARD COUNTY FARM BUREAU LAA

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90009 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2121 N STATE RD 7  
MARGATE FL 33063

2121 N STATE RD 7  
MARGATE FL 33063-5713

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

59-0751653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SEGAL, FRED  
2121 N. STATE ROAD 7  
MARGATE FL 33063

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	PD	<input type="checkbox"/> Delete
NAME	SEGAL, FRED	
STREET ADDRESS	289 S.E. 4TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN FLEET, ROBERT	
STREET ADDRESS	600 SAGAMORE RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROTH, DAVID	
STREET ADDRESS	5660 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDERSON, GLENN	
STREET ADDRESS	1629 NE 1ST AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/00 954 972-2525

CR2E037 (9/99)