

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

05-05-2003 90134 042 ****61.25
07-17-2003 90039 004 ****61.25

DOCUMENT # N02000003819

1. Entity Name

**CONCERNED REDLAND CITIZENS, FARMERS AND NURSERYM
EN, INC.**



Principal Place of Business

**1850 OLD DIXIE HWY
HOMESTEAD FL 33030**

Mailing Address

**1850 OLD DIXIE HWY
HOMESTEAD FL 33030**

2. Principal Place of Business

25100 SW 189 AVE

3. Mailing Address

25100 SW 189 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

57-1136420

Applied For

☒ Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SNOWDEN, WENDALL D
25100 SW 189TH AVE
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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BLAYLOCK, HAYDEN**
STREET ADDRESS **724 S FLAGLER ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **BOGGS, COLLEEN**
STREET ADDRESS **16300 SW 184TH ST**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **D** ☐ Delete
NAME **ALLEMAN, MEDORA K**
STREET ADDRESS **17845 SW 296TH ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **SNOWDEN, WENDALL D**
STREET ADDRESS **25100 SW 189TH AVE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☐ Delete
NAME **STRIBLING, SALLY**
STREET ADDRESS **27805 SW 197TH AVE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WENDALL D. SNOWDEN **7-13-03**

305 248 5605

CR2E037 (4/03)