

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13214

1. Entity Name

NATIONAL FARM LABOR CONTRACTORS ASSOCIATION, INC

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 025 ****61.25

Principal Place of Business C/O MILLER WILLIAMS 255 S ORANGE AVE STE 1301 ORLANDO FL 32801	Mailing Address C/O MILLER WILLIAMS 255 S ORANGE AVE STE 1301 ORLANDO FL 32801-3459
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 831 N. Irma Ave City & State Orlando FL Zip 32803	3. Mailing Address Suite, Apt. #, etc. 831 N. Irma Ave City & State Orlando FL Zip 32803	4. FEI Number 77-0101695 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent WILLIAMS, MILLER 255 S ORANGE AVE STE 1301 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Miller Williams Street Address (P.O. Box Number is Not Acceptable) 831 N. Irma Ave City Orlando FL Zip Code 32803
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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 Mia Wee DATE 1/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SINCLAIR, GUINN 5580 COLUMBIA DR., N. FRESNO CA 93727 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP deceased 3/13/00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV FUNNELL, BOB 10092 N PONDEROSA DR FRESNO CA 93720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DST FUNNELL, MARGARET S 10092 N PONDEROSA DR FRESNO CA 93720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV MICHELLE HUTCHINSON 9258 MULLER DOWNEY, CA 90241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	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"/> Delete	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: WILLIAMS SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/29/00 Daytime Phone # 559-434-6719

CR2E037 (9/99)