

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90270 015 ****61.25

DOCUMENT # N93000003659

1. Entity Name
FLORIDA AGRICULTURE CONFERENCE AND TRADE SHOW, INC.



Principal Place of Business Mailing Address

**ONE PURLIEU PLACE
STE 122
WINTER PARK FL 32792**

**P O BOX 2227
GOLDENROD FL 32733**

2. Principal Place of Business 3. Mailing Address

**9340 51st St N.
Suite, Apt. #, etc.
#105**

**9340 51st St N.
Suite, Apt. #, etc.
#105**

City & State City & State

Temple Terrace, FL **Temple Terrace, FL**

Zip Country Zip Country

33617 **USA** **33617** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3203911** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, REGINALD L
4401 E. COLONIAL DRIVE
ORLANDO FL 32814**

7. Name and Address of New Registered Agent

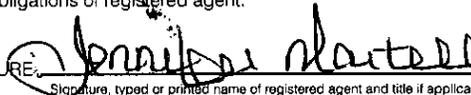
Name **Jennifer Martelli**

Street Address (P.O. Box Number is Not Acceptable)
**9340 51st St. N
Suite 105**

City State Zip Code

Temple Terrace **FL** **33617**

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:  **Jennifer Martelli** DATE: **4/14/03**

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

Make Check Payable to Florida Department of State

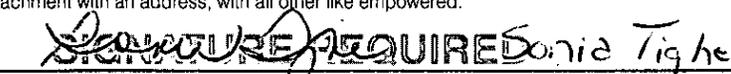
10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CANTILFFE, DAN	
STREET ADDRESS	P.O. BOX 110690 N/A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TIGHE, SONIA	
STREET ADDRESS	7402 N. 56TH ST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEBLANC, PHIL	
STREET ADDRESS	P O BOX 3546	
CITY-ST-ZIP	HAINES CITY FL 33845-3546	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, REGINALD L	
STREET ADDRESS	4401 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NANCE, JERRY	
STREET ADDRESS	1 LAKE LINK DR SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD - Vice Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Hutcheon	
STREET ADDRESS	878 Waterway Pl.	
CITY-ST-ZIP	Lakeland, FL 32750	
TITLE	President - PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonia Tighe	
STREET ADDRESS	16102 Cobblestone Ct.	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	SO - Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Gilmer	
STREET ADDRESS	Po Box 140155	
CITY-ST-ZIP	Orlando, FL 32814	
TITLE	VD - Vice Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Harris	
STREET ADDRESS	16141 Lakeshire Tr.	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	VD - Vice Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Sargent	
STREET ADDRESS	Po Box 110690	
CITY-ST-ZIP	Gainesville, FL 32611-0690	
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:  **Sonia Tighe** DATE: **4/18/03** **813-975-8377**

CR2E037 (10/02)