

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**  
 03-31-2000 90074 044 \*\*\*\*70.00

**DOCUMENT # N96000006173**

1. Entity Name  
**FLORIDA CITY VEGETABLE COOPERATIVE, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>300 NORTH KROME AVENUE<br/>BLDG #9<br/>FLORIDA CITY FL 33034<br/>US</b> | Mailing Address<br><b>P O BOX 343495<br/>FLORIDA CITY FL 33034-0495<br/>US</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0713672</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SACHER, CHARLES P<br/>2655 LEJEUNE ROAD<br/>SUITE 1101<br/>CORAL GABLES FL</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D CAUSLEY, MIKE L<br/>1562 N.W. 8TH AVENUE<br/>HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D IORI, RALPH JR<br/>27501 S.W. 164TH AVE<br/>HOMESTEAD FL 33031</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D IORI, RALPH<br/>19300 S.W. 344TH ST<br/>HOMESTEAD FL 33034</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 empowerments.

**SIGNATURE:** *Michael L. Causley* **4/15/00** **305-245-2375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)