

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006549

1. Entity Name

FLORIDA FARMERS & SUPPLIERS COALITION, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90040 047 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1451 WEST CYPRESS CREEK ROAD, SUITE 100  
FORT LAUDERDALE FL 33309

1451 WEST CYPRESS CREEK ROAD, SUITE 100  
FORT LAUDERDALE FL 33309-1953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714546

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, J L  
1451 W CYPRESS CREEK RD  
STE 100  
FT LAUDERDALE FL 33309

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.

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 VP ☐ Delete  
NAME SMIGEL, GARY  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE PD ☐ Delete  
NAME DIMARE, PAUL J  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE S ☐ Delete  
NAME RODRIGUEZ, J. LUIS  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ Delete  
NAME NEILL, DAVID  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ Delete  
NAME TAYLOR, JAY  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ Delete  
NAME ESFORMES JOSEPH  
STREET ADDRESS 503 10TH ST WEST  
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ 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 of Joseph Esformes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/00 954-772-1771  
Date Daytime Phone #

CR2E037 (9/99)