

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004514

1. Entity Name

FLORIDA FARMWORKER HOUSING COALITION, INC.

APPROVED
AND
FILED

00 SEP 13 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

707 RIGGINS RD.
TALLAHASSEE FL 32308-6221

Mailing Address

707 RIGGINS RD.
TALLAHASSEE FL 32308-6221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

ROIG, FERNANDO L

1401 E. BROWARD BLVD., STE 201 --
FORT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

312 S.E. 17th Street-2nd Floor

City

Ft. Lauderdale,

FL

Zip Code
33316

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

after September 13, 2000 min. will be \$236.25

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	D	Honorary Chairman	<input type="checkbox"/> Delete
NAME		Philip D. Lewis	
STREET ADDRESS		31 W. 20th Street	
CITY-ST-ZIP		Key Biscayne Beach, Fl 33404	
TITLE	D	Chairman	<input type="checkbox"/> Delete
NAME		Steven C. Kirk	
STREET ADDRESS		19308 SW 380 Street	
CITY-ST-ZIP		Florida City, Fl 33034	
TITLE	D	Sec. Treas.	<input type="checkbox"/> Delete
NAME		J. Luis Rodriguez	
STREET ADDRESS		1451 W. Cypress Creek Rd. #100	
CITY-ST-ZIP		Fort Lauderdale, Fl 33339	
TITLE	D	Board Member	<input type="checkbox"/> Delete
NAME		Jim Beckley	
STREET ADDRESS		10880 Orange Avenue	
CITY-ST-ZIP		Fort Pierce, Fl 34945	
TITLE	D	Board Member	<input type="checkbox"/> Delete
NAME		Mac Carraway	
STREET ADDRESS		503-10th Street West	
CITY-ST-ZIP		Palmetto, Fl 34221	
TITLE	D	Board Member	<input type="checkbox"/> Delete
NAME		Walter Yates	
STREET ADDRESS		4401 E. Colonial Drive	
CITY-ST-ZIP		Orlando, Fl 32814-0155	

TITLE	D	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		T. Edward Kinsey	
STREET ADDRESS		2460 N. Haverhill Road	
CITY-ST-ZIP		West Palm Beach, Fl 33417	
TITLE	D	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Arturo Lopez	
STREET ADDRESS		305 S. Flagler Avenue	
CITY-ST-ZIP		Homestead, Fl 33030	
TITLE	D	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Barbara Mainster	
STREET ADDRESS		402 W. Main Street	
CITY-ST-ZIP		Junkatalee, Fl 34142-3933	
TITLE	D	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Torso Moreno	
STREET ADDRESS		815 S. Park Avenue	
CITY-ST-ZIP		Apopka, Fl 32703	
TITLE	D	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Michael O. Taylor	
STREET ADDRESS		255 Abachua Street	
CITY-ST-ZIP		Junkatalee, Fl 34143	
TITLE		200003400532-4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		-09/21/00-0184-029	
STREET ADDRESS		*****69.90 *****69.90	
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:

J. Luis Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/2000 954
Date Daytime Phone #

CR2E037 (5/00)