

DOCUMENT # N99000007064

1. Entity Name

CITIZENS FOR SANITY, PASCO COUNTY, INC.

Principal Place of Business

3108 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

Mailing Address

3108 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90380 005 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3108 LAND O'LAKES BLVD. <-> SAME NOT

3. Mailing Address

N/A READ BACK

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

LAND O'LAKES FL <-> SAME FIRST!

Zip

34639

Country

PASCO <-> SAME

Zip

SAME

Country

SAME

4. FEI Number

59-3618132

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLSON, CLAY
3108 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name CLAY GILMAN COLSON

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

ADDRESS CHANGE ONLY
4318 JOY RD.

City

LAND O'LAKES

FL

Zip Code

34639-3564

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

Clay G. Colson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

043000

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

TITLE DIRECTOR ☐ Delete
NAME CLAY GILMAN COLSON
STREET ADDRESS 4318 JOY RD.
CITY-ST-ZIP LOL, FL 34639-3564

TITLE DIRECTOR ☐ Delete
NAME HARRY M. WRIGHT
STREET ADDRESS 23032 GENEVA RD
CITY-ST-ZIP LOL, FL 34639

TITLE DIRECTOR ☐ Delete
NAME TERESA RANSOFFER
STREET ADDRESS 4409 MITCHELL RD.
CITY-ST-ZIP LOL, FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Clay G. Colson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

043000

DATE

Daytime Phone #