

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90352 029 ****70.00

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
**PO BOX 2450
LAND O'LAKES FL 34639**

2. Principal Place of Business

3. Mailing Address

19840 STATE RD. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LUTZ, FL.

4. FEI Number **59-3618132**

Applied For

Not Applicable

Zip

Country

Zip

Country

33558 U.S.A.

5. Certificate of Status Desired **X**

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLSON, CLAY
4318 JOY ROAD
LAND O'LAKES FL 34639**

Name

DAN RAMETTA

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

19840 STATE RD. 54

City

LUTZ

FL

Zip Code

33558

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

[Signature] **DAN RAMETTA - Director**

04/08/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COLSON, CLAY GILMAN	
STREET ADDRESS	4318 JOY ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, HARRY M	
STREET ADDRESS	23032 GENEVA ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANSOFFER, TERESA	
STREET ADDRESS	4409 MITCHELL ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMETTA, DAN	
STREET ADDRESS	19840 STATE RD 54	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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: *[Signature]* **DAN RAMETTA - Director** **04/08/03 813-9494628**

CR2E037 (10/02)