

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728640

1. Entity Name

CITIZENS FOR RESPONSIBLE GOVERNMENT, INC.

Principal Place of Business

P.O. BOX 442  
BOCA RATON FL 33429-0442

Mailing Address

P.O. BOX 442  
BOCA RATON FL 33429-0442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6582540

Applied For

Not Applicable

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

STEWART, SALLY

1440 SW 20TH ST

BOCA RATON FL 33486

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	T	<input checked="" type="checkbox"/> Delete
NAME	COTTAS, MARY	
STREET ADDRESS	350 SW 15TH DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LONDON, JO-ANN M.	
STREET ADDRESS	1150 SW 19 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART, SALLY	
STREET ADDRESS	1440 S.W. 20TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLELA, LOUISE	
STREET ADDRESS	2940 NW 25TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACKS, STANLEY	
STREET ADDRESS	4881 NW 5TH LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAUMANN, LINDA B.	
STREET ADDRESS	899 NAFA DR	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC KINNON, JOHN	
STREET ADDRESS	960 SW 18TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELIZABETH	
STREET ADDRESS	4283 NW 3RD AVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, JO-ANN	
STREET ADDRESS	1150 SW 19TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JO-ANN LONDON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

(561)395-0485

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)