

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752825

1. Entity Name

CITIZENS ASSOCIATION OF PORT RICHEY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90323 034 ****61.25

Principal Place of Business

Mailing Address

7606 CHAPEL AVE.
 PORT RICHEY FL 34668
 US

7606 CHAPEL AVE.
 PORT RICHEY FL 34668-6547
 US

2. Principal Place of Business

8231 HAYWARD LANE

Suite, Apt. #, etc.

3. Mailing Address

8231 HAYWARD LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-2092079

Applied For

Not Applicable

Zip

34668

Country

U.S.A.

Zip

34668

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, JAMES
 7606 CHAPEL AVE.
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name CAROL DRENTH

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

8231 HAYWARD LANE

City

PORT RICHEY

FL

Zip Code

34668

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

Carol Drent
 CAROL DRENTH, VICE-PRES.

4-26-2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
S	HEITNER, ELINOR	8406 CAROLYN DRIVE	PORT RICHEY FL	<input checked="" type="checkbox"/>
P	CARTER, JAMES	7606 CHAPEL AVE.	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>
T	RAIMOND, PATRICIA	5238 MILLER BAYOU DR	PORT RICHEY FL	<input type="checkbox"/>
VP	NEGER, DANIEL	8344 CAROLYN DR.	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>
D	BROWN, THOMAS	4523 EBBTIDE LANE #503	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>
D	FAULKNER, VALERIE	5147 BAY BLVD	PORT RICHEY FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SECRETARY	WERNET, RACHAEL	5424 BAYLER AVE.	PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRESIDENT	DRENTH, CAROL	8231 HAYWARD LANE	PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	WATSON, CASSY	5224 MILLER BAYOU DR.	PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	TRUE, DONNA	8612 GREEN ST	PORT RICHEY, FL 34668	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	CARTER, JAMES	7606 CHAPEL AVE.	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	TUCKER, DALE	6303 SHADY ACRES BLVD.	NEW PORT RICHEY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Patricia Raimond (PATRICIA RAIMOND) Treas. 4/25/00 727-842-6367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)