

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90175 038 ****61.25

DOCUMENT # N00000002034

1. Entity Name

CITIZENS FOR A RATIONAL ENERGY POLICY, INC.

Principal Place of Business

Mailing Address

807 WOODPORT DR.
PORT ORANGE FL 32127

807 WOODPORT DR.
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

PO Box 569
Suite, Apt. #, etc.

PO Box 569
Suite, Apt. #, etc.

City & State

City & State

hutz

hutz

Zip

Country

Zip

Country

33548-0569 Pasco

33548-0569 Pasco

4. FEI Number

59-3636477

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

VANEK, ANN E
365 CREST ST.
SANFORD FL 32771

Name

Vanek, Ann E.

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

626 Grand Cypress Pt.

City

Sanford

FL

Zip Code

32771

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)

04/03/02
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 PD
NAME ATWOOD, PETER
STREET ADDRESS 807 WOOD PORT DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127
☒ Delete

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

TITLE VD
NAME RYAN, JOHN
STREET ADDRESS 2215 AVE A NW
CITY-ST-ZIP WINTER HAVEN FL 33880
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
☒ Change ☐ Addition

TITLE STD
NAME VANEK, ANN
STREET ADDRESS 629 GROUND CYPRESS POINT
CITY-ST-ZIP SANFORD FL 32771
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
626 Grand Cypress Pt.
Sanford, FL 32771
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
George Cavros
3905 Nob Hill Rd
Sunrise, FL 33351
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Ann Elizabeth Vanek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
Date

813-205-9810
Daytime Phone #

CR2E037 (9/01)