

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005831

1. Entity Name

CITIZEN'S HIGHWAY INITIATIVE PROGRAM, INC.

Principal Place of Business

155 NORTH BRIDGE STREET
LABELLE FL 33935

Mailing Address

PO BOX 757
LABELLE FL 33935

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

65-1041401

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

HALL, LARRY T
155 NORTH BRIDGE STREET
LABELLE FL 33935

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 PD
NAME HALL, LARRY T
STREET ADDRESS 155 NORTH BRIDGE STREET
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE VD
NAME SIMMONS, CRAIG
STREET ADDRESS 640 SOUTH MAIN STREET
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE SD
NAME JAMES, JENNIFER
STREET ADDRESS 481 WEST HIGHPOCHEE AVENUE
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE TD
NAME GROVES, JANICE
STREET ADDRESS 4012 ROCKAWAY LANE
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE D
NAME BAIRD, LESTER B SR
STREET ADDRESS 25 EAST HIGHPOCHEE AVENUE
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE D
NAME BOARDMAN, THOMAS K
STREET ADDRESS RT 2 BOX 134, POLLYWOG PT.
CITY-ST-ZIP LABELLE FL 33935 ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90096 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)