

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

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

05-14-2003 90137 012 ****61.25

DOCUMENT # N01000002586

1. Entity Name

SUMTER CITIZENS AGAINST IRRESPONSIBLE DEVELOPMENTS, INC.



Principal Place of Business

**12364 CR 223
OXFORD FL 34484**

Mailing Address

**12364 CR 223
OXFORD FL 34484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **80-0026599**

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

**FARNSWORTH, T. DANIEL
12364 CR 223
OXFORD FL 34484**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

T. D. Farnsworth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/03

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	FARNSWORTH, T. DANIEL	
STREET ADDRESS	12364 CR 223	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIR, RUSS E	
STREET ADDRESS	P.O. BOX 790	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATHAM, LINDA	
STREET ADDRESS	1890 CR 542	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOP, KENNETH B	
STREET ADDRESS	7826 C-466A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

T. D. Farnsworth

5/10/03

352-748-5074

CR2E037 (10/02)