

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005586

1. Entity Name

CITIZENS AGAINST REDLAND INCORPORATION, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90159 036 ****61.25

Principal Place of Business

27805 S.W. 197TH AVENUE
HOMESTEAD FL 33031

Mailing Address

27805 S.W. 197TH AVENUE
HOMESTEAD FL 33031

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1135095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD FL 33030

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

1-28-02

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	D	<input type="checkbox"/> Delete
NAME	ALGER, RICHARD	
STREET ADDRESS	18001 S.W. 285TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASE, GERALD C	
STREET ADDRESS	14925 S.W. 232ND STREET	
CITY-ST-ZIP	BOULDS FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATKINS, MICHAEL E	
STREET ADDRESS	16881 S.W. 266TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRIBLING, SALLY	
STREET ADDRESS	27805 S.W. 197TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, GEORGE A JR.	
STREET ADDRESS	28245 S.W. 182ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, HAROLD JR.	
STREET ADDRESS	P. O. BOX 157	
CITY-ST-ZIP	GOULDS FL 33170	

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: SIGNATURE REQUIRED STRIBLING 1/29/02 305-248-3553

CR2E037 (9/01)