

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-03-2003 90948 024 ****61.25

DOCUMENT # N02000000814

1. Entity Name

**PUBLIC RESPONSE OPPOSED TO ERADICATING CITRUS TR
EES, INC.**



Principal Place of Business

**P.R.O.T.E.C.T., % ATT. BARRY SILVER
7777 GLADES ROAD, SUITE 308
BOCA RATON FL 33434**

Mailing Address

**P.R.O.T.E.C.T., % ATT. BARRY SILVER
7777 GLADES ROAD, SUITE 308
BOCA RATON FL 33434**

2. Principal Place of Business

1200 S. ROGERS CIRCLE

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2803599

Applied For

☐ Not Applicable

Zip

33487

Country

U.S.A.

Zip

33487

Country

U.S.A.

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

SILVERMAN, RUTH

905 N.W. 22ND AVENUE

DELRAY BEACH FL 33445

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D CHRISTOPHER, ALEXANDER**
STREET ADDRESS **622 DAVIS RD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME **D SILVERMAN, RUTH**
STREET ADDRESS **905 N.W. 22ND AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME **D CASTIN, MARCEL**
STREET ADDRESS **2155 DORSON WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

BARBARA J. ROBERTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 561-483-6900

Date

Daytime Phone #

CP2E037 (10/02)