

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90039 024 ****61.25

DOCUMENT # N11020

1. Entity Name

CONCERNED ACTION, INC.

Principal Place of Business

**3813 RAVENNA DRIVE
 P.O. BOX 444
 VALRICO FL 33595-0444
 US**

Mailing Address

**3813 RAVENNA DRIVE
 P.O. BOX 444
 VALRICO FL 33595-0444
 US**

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
59-2579981

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

**HEALD, DON P.
 3813 RAVENNA DR.
 P.O. BOX 444
 VALRICO FL 33595**

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 **TD** ☐ Delete
 NAME **CONNIE COLLINSWORTH**
 STREET ADDRESS **1025 BRIDLEWOOD WAY**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **ST** ☐ Change ☒ Addition
 NAME **Williams, Dan**
 STREET ADDRESS **3516 Berry Bend Rd.**
 CITY-ST-ZIP **Valrico, FL 33594**

TITLE **VD** ☐ Delete
 NAME **GANUNG, PAM**
 STREET ADDRESS **1931 MEADOWRIDGE DR**
 CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **SD** ☐ Delete
 NAME **DANIELS, CINDY**
 STREET ADDRESS **318 MIRAMAR DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33805**

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

TITLE **SD** ☐ Delete
 NAME **BARNER, KATHY**
 STREET ADDRESS **2103 WHEELER OAKS DR.**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **ST** ☒ Delete
 NAME **MUFFLEY, ROSEMARIE**
 STREET ADDRESS **801 CANOE COURT**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **MP** ☐ Delete
 NAME **HEALD, DON**
 STREET ADDRESS **3813 RAVENNA DRIVE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ 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:

Don P Heald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01 813 6899552

Date Daytime Phone #

CR2E037 (10/00)