

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18178

1. Entity Name

CITIZENS AGAINST DRUG ABUSE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 035 ****61.25

Principal Place of Business	Mailing Address
%DOUGLAS. TAYLOR P.O. BOX 669 PALATKA FL 32177 US	1800 HIGHWAY 19 NORTH P.O. BOX 669 PALATKA FL 32177-2421 US



DO NOT WRITE IN THIS SPACE

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	59-2754751	<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, JIMMY 2116 LAUREL ST PALATKA FL 32077		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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, E.L.	NAME	
STREET ADDRESS	2202 LAUREL STREET	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKELL, JOHN L.	NAME	
STREET ADDRESS	2207 PALMA CEIA	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JIMMY	NAME	
STREET ADDRESS	2116 LAUREL STREET	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEIS, DAN B.	NAME	
STREET ADDRESS	514 MULHOLLAND PARK	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, TAYLOR	NAME	
STREET ADDRESS	1800 HIGHWAY 19 NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	<i>Signature</i>	3-3-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #

CR2E037 (9/99)