

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18178

1. Entity Name

CITIZENS AGAINST DRUG ABUSE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90057 024 *****61.25

Principal Place of Business

%DOUGLAS. TAYLOR
PALATKA FL 32177
US

Mailing Address

1800 HIGHWAY 19 NORTH
PALATKA FL 32177
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

59-2754751

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, JIMMY
2116 LAUREL ST
PALATKA FL 32077

7. Name and Address of New Registered Agent

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

TITLE PD
NAME WALKER, E.L.
STREET ADDRESS 2202 LAUREL STREET
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE VD
NAME MIKELL, JOHN L.
STREET ADDRESS 2207 PALMA CEIA
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE D
NAME HILL, JIMMY
STREET ADDRESS 2116 LAUREL STREET
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE SD
NAME THEIS, DAN B.
STREET ADDRESS 514 MULHOLLAND PARK
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE D
NAME DOUGLAS, TAYLOR
STREET ADDRESS 1800 HIGHWAY 19 NORTH
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 of Jimmy Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01

904-328-6761

CR2E037 (10/00)