

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19495

1. Entity Name

CITIZENS AGAINST CRIME, INC.

Principal Place of Business

PO BOX 1467
830 NORTH KROME AVENUE
HOMESTEAD FL 33090

Mailing Address

PO BOX 1467
830 NORTH KROME AVENUE
HOMESTEAD FL 33090

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

65-0205824

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

LYNN, SANDRA T
830 NORTH KROME AVENUE
HOMESTEAD FL 33030

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	INGRAM, DOUG	16895 SW 288 ST	HOMESTEAD FL	<input type="checkbox"/>
VD	SOWDER, ROGER	855 NW 9 ST	HOMESTEAD FL	<input type="checkbox"/>
TD	CORNELIUS, ROBERT	31160 SW 195 AVE	HOMESTEAD FL	<input type="checkbox"/>
SD	GARRISON, STEVE	1950 NW 10 TERR.	HOMESTEAD FL	<input type="checkbox"/>
D	INGRAM, WILLIAM	16895 SW 288 ST	HOMESTEAD FL	<input type="checkbox"/>
D	RAMIREZ, ANDY	28700 SW 169 AVE	HOMESTEAD FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED INGRAM

4-11-01

305-247-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0034081

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90029 049 *****61.25

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DO NOT WRITE IN THIS SPACE