

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33170

1. Entity Name

CITIZENS FOR DEBARY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 722  
DEBARY FL 32713

P.O. BOX 722  
DEBARY FL 32713

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

59-2980295

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

MARCIA, CARSON  
416 N. PINE MEADOWS DR.  
DEBARY FL 32713

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

MARCIA A. CARSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-02

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 PO  
NAME MARCIA A CARSON  
STREET ADDRESS 416 NNN PINE MEADOW DR  
CITY-ST-ZIP DEBARY FL ☐ Delete

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

TITLE VT  
NAME FISHER, TRACY  
STREET ADDRESS 313 DIRKSEN DR B-15  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE D  
NAME COLEMAN, GEORGE  
STREET ADDRESS 286 DE LEON RD  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE D  
NAME THOMAS, BILL  
STREET ADDRESS 403 NORTH PINE MEADOW DR.  
CITY-ST-ZIP DEBARY FL ☐ Delete

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

TITLE D  
NAME FULTON, PATRICK  
STREET ADDRESS 145 S HWY 17-72  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE D  
NAME JACQUELINE VAN NUYS  
STREET ADDRESS 5 CATALINA DRIVE  
CITY-ST-ZIP DEBARY FL ☐ Delete

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:

MARCIA A. CARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

Daytime Phone #

CR2E037 (9/01)