

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34125

1. Entity Name

CIVIC ACTION INTERNATIONAL, INC.

Principal Place of Business

709 NE 74 ST
MIAMI FL 33138

Mailing Address

709 NE 74 ST
MIAMI FL 33138-5231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAILY, JOHN K.
709 NE 74TH STREET
MIAMI FL 33138

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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.

DATE

FILE NOW:
FEE IS \$61.25

9. Election C
Trust Func

Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAILY, JOHN K.
709 NE 74TH STREET
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
DAILY, JOHN K.
709 NE 74TH STREET
MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NESSIC, EUGENE M.
130 PALM AVENUE
MIAMI BEACH FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIBBS, GARY
710 NE 74TH ST
MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPURLIN, BLAKE W
4912 SW 12TH CT
FORT LAUDERDALE FL 33317

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CITY-ST-ZIP

11. OFFICERS AND DIRECTORS IN 10

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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:

John K. Daily
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00 305 751 7040

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)