

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41213

1. Entity Name

DESOTO CITIZENS AGAINST POLLUTION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90162 006 ****61.25

Principal Place of Business P.O. BOX 2706 ARCADIA FL 34265-2706 US	Mailing Address P.O. BOX 2706 ARCADIA FL 34265-2706
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2. Principal Place of Business 4070 SW ARMADILLO TR	3. Mailing Address 4070 SW ARMADILLO TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ARCADIA FL	City & State ARCADIA FL
Zip 34266	Zip 34266
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0241208	Applied For <input type="checkbox"/> Not Applicable
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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 CHASE, JOYCE A. 1183 NW GIRL SCOUT ROA ARCADIA FL 34266	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BEHRENS, ALAN 4070 SW ARMADILLO TRAIL ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHASE, GEORGE B. 1183 GIRL SCOUT RD. ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASE, JOYCE A. 1183 GIRL SCOUT RD. ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MAURICE P.O. BOX 424 N/A ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLLOCK, LARAIN 1261 SW NOMIE DRIVE ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joyce A. Chase 4/5/00 863-993-0391
Date Daytime Phone #

CR2E037 (9/99)