

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41213

1. Entity Name

DESOTO CITIZENS AGAINST POLLUTION, INC.

Principal Place of Business

4070 SW ARHADILLO TR
ARCADIA FL 34266
US

Mailing Address

4070 SW ARHADILLO TR
ARCADIA FL 34266
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

65-0241208

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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 ALAN R. BEHRENS

Street Address (P.O. Box Number is Not Acceptable)

4070 SW ARMADILLO TRAIL

City ARCADIA

FL

Zip Code

34266

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

Alan R. Behrens (Alan R. Behrens)

1-12-02

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 NAME ☐ Delete
DP BEHRENS, ALAN
STREET ADDRESS 4070 SW ARMADILLO TRAIL
CITY-ST-ZIP ARCADIA FL

TITLE NAME ☐ Delete
VD CHASE, GEORGE B.
STREET ADDRESS 1183 GIRL SCOUT RD.
CITY-ST-ZIP ARCADIA FL

TITLE NAME ☐ Delete
JD CHASE, JOYCE A.
STREET ADDRESS 1183 GIRL SCOUT RD.
CITY-ST-ZIP ARCADIA FL

TITLE NAME ☐ Delete
D BROWN, MAURICE
STREET ADDRESS P.O. BOX 424 N/A
CITY-ST-ZIP ARCADIA FL

TITLE NAME ☐ Delete
SD POLLOCK, LARAINÉ
STREET ADDRESS 1261 SW NOMIE DRIVE
CITY-ST-ZIP ARCADIA FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Alan R. Behrens (Alan R. Behrens) 1-12-02 (863) 214-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0097406



DO NOT WRITE IN THIS SPACE