

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 030 ****61.25

DOCUMENT # N41213

1. Entity Name DeSoto Citizens Against Pollution, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4070 SW Armadillo Trail

3. Mailing Address 4070 SW Armadillo Trail

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State Arcadia, Fla. City & State Arcadia, Fla. 4. FEI Number 65-0241208 Applied For ☐ Not Applicable ☐

Zip 34266 Country USA Zip 34266 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alan R. Behrens

Street Address (P.O. Box Number is Not Acceptable) 4070 SW Armadillo Trail

Arcadia

City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alan R. Behrens April 25, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - President</u> <u>Alan R. Behrens</u> <u>4070 SW Armadillo Trail</u> <u>Arcadia, Fla. 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - Vice Pres. - Treasurer</u> <u>Dennis Mader</u> <u>4224 Solomon Road</u> <u>Ona, Fla. 33865</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - Secretary</u> <u>Tanya Bond</u> <u>3586 SW Armadillo Trail</u> <u>Arcadia, Fla. 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Julia Mader</u> <u>4224 Solomon Road</u> <u>Ona, Fla. 33865</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Maurice Brown</u> <u>P.O. Box 424</u> <u>Arcadia Fla 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>N/A</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan R. Behrens Alan R. Behrens 4-25-03 (863) 214-7947

CR2E037B (12/02)