

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41867

1. Entity Name

CITIZENS CONCERNED ABOUT DONALD ROSS ROAD AND BR

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90226 045 \*\*\*\*61.25

Principal Place of Business

14117 HARBOR LN  
PALM BEACH GARDENS FL 33410

Mailing Address

14117 HARBOR LN  
PALM BEACH GARDENS FL 33410-1157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0241427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCANALLY, HARRIET  
14117 HARBOR LN  
PALM BCH. GARDENS FL 33410

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

HARRIET McANALLY  
(NOTE: Registered Agent signature required when reinstating)

5/22/00  
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 PD ☐ Delete  
NAME MCANALLY, HARRIET  
STREET ADDRESS 14117 HARBOR LN  
CITY-ST-ZIP PALM BCH. GARDENS FL

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

TITLE TD ☐ Delete  
NAME DOBBS, JANIS C.  
STREET ADDRESS 14117 HARBOR LN  
CITY-ST-ZIP LAKE PARK FL

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

TITLE VD ☐ Delete  
NAME LIPSCHUTZ, H. B.  
STREET ADDRESS 13253 VERDUN DR.  
CITY-ST-ZIP PALM BCH. GARDENS FL

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

TITLE SD ☐ Delete  
NAME SCARVONE, NICK  
STREET ADDRESS 14100 PARADISE POINT  
CITY-ST-ZIP PALM BCH. GARDENS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: HARRIET McANALLY 5/22/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)