

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N44237
CONCERNED AMERICAN CITIZENS (CAE)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90015 026 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

6488 Miami Lakes Dr. East

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FLORIDA

City & State

Zip

Country

US

Zip

Country

4. FEI Number

650272887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

House, Colonel A.T.

7. Name and Address of New Registered Agent

Name

N/A

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

Colonel A.T. House

27 April 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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: Managing Director / Asst Secy / ☐ Delete
NAME: House, Colonel A.T.
STREET ADDRESS: 6488 Miami Lakes Drive East
CITY-ST-ZIP: Miami Lakes, Florida 33014

TITLE: Executive Director / Secretary / Asst ☐ Delete
NAME: RIGG, TUDY
STREET ADDRESS: 11218 W. MARLOWE AVE
CITY-ST-ZIP: Littleton, CO 80127

TITLE: Director ☐ Delete
NAME: WILKINSON, CHRIS
STREET ADDRESS: Hill Dale Road
CITY-ST-ZIP: Plymouth, MA 02360

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Colonel A.T. House

27 April 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/99)