

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90311 039 \*\*\*\*61.25

**DOCUMENT # N44237**

1. Entity Name

**CONCERNED AMERICAN CITIZENS, INC.**

Principal Place of Business

Mailing Address

**6488 MIAMI LAKES DR. E.  
 MIAMI LAKES FL 33014**

**6488 MIAMI LAKES DR. E.  
 MIAMI LAKES FL 33014**

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

**65-0272887**

Applied For

Not Applicable

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

**HOUSE, COLONEL A.T.  
 6488 MIAMI LAKES DRIVE EAST  
 MIAMI LAKES FL 33014**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
**MDAS**  
**HOUSE, COLONEL A.T.**  
 STREET ADDRESS **6488 MIAMI LAKES DR E**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE NAME ☒ Change ☒ Addition  
**Dir. (bd), Mg. Dir., Tres., Asst. Sec.**  
**House, Colonel A.T.**  
 STREET ADDRESS **6488 Miami Lakes Dr. E.**  
 CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE NAME ☒ Delete  
**D**  
**TALLON, HOWARD**  
 STREET ADDRESS **17000 NW 67TH AVE., SUITE 115**  
 CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE NAME ☐ Delete  
**DSAT**  
**RIGG, J. R.**  
 STREET ADDRESS **11218 W MARLOWE AVE**  
 CITY-ST-ZIP **LITTLETON CO 80127**

TITLE NAME ☒ Change ☒ Addition  
**Dir. (bd), Exec. Dir., Sec., Asst. Tres.**  
**Rigg, Judy R.**  
 STREET ADDRESS **11218 W. Marlowe Ave.**  
 CITY-ST-ZIP **Littleton, CO 80127**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
**Dir. (bd), VP**  
**Okonmah, Tony**  
 STREET ADDRESS **20613 N.W. 15<sup>th</sup> Ave.**  
 CITY-ST-ZIP **Miami, FL 33169**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 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:

**SIGNATURE REQUIRED**

**4/13/02**

**305 557 7890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)