

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90147 013 ****61.25

DOCUMENT # N48969

1. Entity Name

CITIZENS FOR A BETTER GOVERNMENT, INC.

Principal Place of Business

Mailing Address

307 62ND AVENUE NORTH
~~STE 1940~~
SAINT PETERSBURG FL 33701
US

307 62ND AVENUE NORTH
ST. PETERSBURG FL 33702-7537

2. Principal Place of Business

3. Mailing Address

307 62ND Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

City & State

St. Petersburg FL

Zip

Country

Zip

Country

33702

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, RICHARD E
307 62ND AVENUE NORTH
ST. PETERSBURG FL 33702

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	PSTD	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD E	
STREET ADDRESS	307 62ND AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DONNA	
STREET ADDRESS	307 62ND AVE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MARY J	
STREET ADDRESS	1043 31ST TERR NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard E Martin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

(727) 525-8833

Date

Daytime Phone #

CR2E037 (9/99)