

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

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** Delete
 NAME **MARTIN, RICHARD E**
 STREET ADDRESS **307 62ND AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, DONNA**
 STREET ADDRESS **307 62ND AVE NO.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** Delete
 NAME **MARTIN, MARY J**
 STREET ADDRESS **1043 31ST TERR NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

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: *Richard Umartequirio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00
 Date

(707) 525-8833
 Daytime Phone #

CR2E037 (9/99)