

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90085 008 ****61.25

DOCUMENT # N93000001196

1. Entity Name

CONCERNED CITIZENS OF GIBSONTON AREA, INC.

Principal Place of Business

11801 US HWY 41 S
 GIBSONTON FL 33534
 US

Mailing Address

P.O. BOX 1304
 GIBSONTON FL 33534-1304

00037443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3173602

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

JOHNSON, JEANIE
 11801 HWY 41 S
 GIBSONTON FL 33534

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 | PD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, A.E. | |
| STREET ADDRESS | 11002 EKKER ROAD | |
| CITY-ST-ZIP | GIBSONTON FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | NEWBY, MARGRET ANN | |
| STREET ADDRESS | 6231 FLORENCE ST PO BOX 67 | |
| CITY-ST-ZIP | GIBSONTON FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JOHNSON, JEANIE | |
| STREET ADDRESS | 11002 EKKER RD. | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GARMS, ALDYCE L. | |
| STREET ADDRESS | 8420 SYMMES ROAD | |
| CITY-ST-ZIP | GIBSONTON FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MIDKIEF, BETTY | |
| STREET ADDRESS | ALAFIA TRAILER PK, 11888 US HWY 41 SOUTH | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers

Aldyce L. Garms
 8420 Symmes Rd.
 Gibsonton, FL 33534-5424

SIGNATURE: *Aldyce L. Garms*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 813-677-8420
 Date Daytime Phone #

CR2E037 (9/99)