

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90474 020 ****61.25

0056693

DOCUMENT # N93000001196

1. Entity Name

CONCERNED CITIZENS OF GIBSONTON AREA, INC.

Principal Place of Business

Mailing Address

11801 US HWY 41 S
 GIBSONTON FL 33534
 US

P.O. BOX 1304
 GIBSONTON FL 33534-1304

2. Principal Place of Business

6215 SYMMES ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gibsonton, FL.

City & State

SAME

Zip
33534

Country

U.S.A.

Zip

Country

4. FEI Number

59-3173602

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

JOHNSON, JEANIE
 11801 HWY 41 S
 GIBSONTON FL 33534

7. Name and Address of New Registered Agent

Name **ALDYCE L. GARMS**
 Street Address (P.O. Box Number is Not Acceptable) **8420 SYMMES ROAD**
 City **Gibsonton** FL Zip Code **33534**

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.

Aldyce L. GARMS

SIGNATURE

Aldyce L. Garms

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

(NOTE: Registered Agent signature required when reinstating)

March 12, 2001

DATE

FILE NOW:
FEES 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, A.E.	
STREET ADDRESS	11002 EKKER ROAD	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEWBY, MARGRET ANN	
STREET ADDRESS	6231 FLORENCE ST PO BOX 67	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JEANIE	
STREET ADDRESS	11002 EKKER RD.	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	SD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDYCE L. GARMS	
STREET ADDRESS	8420 SYMMES ROAD	
CITY-ST-ZIP	GIBSONTON, FL. 33534-5424	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judson D. RAHN	
STREET ADDRESS	12024 Bullfrog Creek Road	
CITY-ST-ZIP	GIBSONTON, FL. 33534-5649	
TITLE	NONE at this time	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENEE TITKA	
STREET ADDRESS	8805 FOURNESS LANE	
CITY-ST-ZIP	GIBSONTON FL. 33534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
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 of

SIGNATURE *Aldyce L. Garms* **ALDYCE L. GARMS - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2001 813-677-8420

DATE

DAYTIME PHONE #

CR2E037 (10/00)