

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90005 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000001848**

**1. Entity Name**  
**CITIZENS ALLIED FOR MANAGED PARTNERSHIP, INC.**

<b>Principal Place of Business</b> 766 BADGER DRIVE N.E. PALM BAY FL 32905-5810 US	<b>Mailing Address</b> 766 BADGER DRIVE N.E. PALM BAY FL 32905-5810 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 59-3409274	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
DOUCETTE, ROBERT E.  
766 BADGER DRIVE N.E.  
PALM BAY FL 32905

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<input type="checkbox"/> Delete	<b>TITLE</b> PT <b>NAME</b> DOUCETTE, ROBERT E. <b>STREET ADDRESS</b> 766 BADGER DR. N.E. <b>CITY-ST-ZIP</b> PALM BAY FL
<input type="checkbox"/> Delete	<b>TITLE</b> VPTS <b>NAME</b> JUNGEVICH, TONY <b>STREET ADDRESS</b> 909 EYGEN AVE. N.W. <b>CITY-ST-ZIP</b> PALM BAY FL
<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> LADOW, SUE <b>STREET ADDRESS</b> 773 ATLANTIS RD. S.E. <b>CITY-ST-ZIP</b> PALM BAY FL
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**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 **01/04/01 321-723-4552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)