

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001435

1. Entity Name

MONTURA ACTION GROUP-CRIME WATCH, INC.

Principal Place of Business

Mailing Address

MONTURA RANCH ESTATES  
CLUBHOUSE  
CLEWISTON FL 33440

H.C. 61  
BOX 365  
CLEWISTON FL 33440-9748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676845

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

HARDY, LOU  
440 N. ESTRIBO STREET  
H.C. 61 BOX 365  
CLEWISTON FL 33440

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

*Lou Hardy* LOU HARDY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 4, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PV HARDY, LOU 440 N. ESTRIBO STREET CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTRO, MARY 810 N. FRONOLA STREET CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, LUISA 440 N. ESTRIBO STREET CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAIRCHILD, ADEL 820 S. TREBOL CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANSON, KARON 620 NORTH SENDERO STREET CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. YOLANDA RODRIGUEZ 145 GRANDJA ST. CLEWISTON FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ANNA ALANIS 740 S. TREBOL ST. CLEWISTON FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESUS TAMEZ 506 APLOSSA AVE. CLEWISTON FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RAMON TORRES 381 MONTURA AVE. CLEWISTON FL 33440	<input type="checkbox"/> Change <input checked="" type="checkbox"/>

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:

*Lou Hardy* LOU HARDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 4, 2000 863-902-0065

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90024 007 \*\*\*\*61.25

00000834



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