

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001435

1. Entity Name

MONTURA ACTION GROUP-CRIME WATCH, INC.

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90084 026 \*\*\*\*61.25

Principal Place of Business

MONTURA RANCH ESTATES  
 CLUBHOUSE  
 CLEWISTON FL 33440

Mailing Address

H.C. 61  
 BOX 365  
 CLEWISTON FL 33440

P.O. Box 2338  
 Clewiston Fl.  
 33440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name Irving L. Baker  
 Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box # 2338 — Mail  
737 Pine Cone Ave  
 City Clewiston FL Zip Code 33440

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

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

(NOTE: Registered Agent signature required when reinstating)

01-23-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HARDY, LOU 440 N. ESTRIBO STREET CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTA, REBECCA 284 DEL SUR CLEWISTON FL 33440	<input 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	S HILARIO, SHARON 170 S KENNEL CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, RAMON 381 MONTURA AVE CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Nina 737 Pine Cone Ave P.O. Box # 2338 Clewiston Fl. 33440	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Baker, Irving 737 Pine Cone Ave Clewiston Fl. 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Hubbard 175 E Merimba P.O. Box # 693 Clewiston Fl 33440	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hubbard Helen 175 E Merimba P.O. Box # 693 Clewiston Fl 33440	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Irving L. Baker  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)