

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90097 041 \*\*\*\*61.25

**DOCUMENT # N96000003635**

1. Entity Name

**THE CORPORATION FOR CLEAN AIR AND CLEAN WATER, I**

Principal Place of Business

1832 NW 11TH ROAD  
GAINESVILLE FL 32605

Mailing Address

1832 NW 11TH ROAD  
GAINESVILLE FL 32605

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

**59-3388202**

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

**BUSSING, THOMAS D**  
**1832 NW 11TH ROAD**  
**GAINESVILLE FL 32605**

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**

**After September 13, 2000 min. will be \$236.25**

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  
NAME BUSSING, THOMAS D  
STREET ADDRESS 1832 NW 11TH ROAD  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME GRAVES, MARIANNE  
STREET ADDRESS 1375 SW 4TH ROAD  
CITY-ST-ZIP NEWBERRY FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MCSHERRY, DECEMBER  
STREET ADDRESS 107 BLACK ANGUS ROAD  
CITY-ST-ZIP ARCHER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME JENSEN, HOLLY  
STREET ADDRESS 117 SW 89TH ST  
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MITCHELL, J  
STREET ADDRESS 2036 NW 17TH LN  
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**THOMAS D. BUSSING, PRES.**

**7/28/00 (352) 375-8572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)