

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005988

1. Entity Name

MANATEE COUNTY CITIZENS AGAINST POLLUTION, INC.

Principal Place of Business

2946 WILDERNESS BLVD. EAST
PARRISH FL 34219

Mailing Address

2946 WILDERNESS BLVD. EAST
PARRISH FL 34219-9269

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

65-0789243

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

KUMARICH, DAN
2946 WILDERNESS BLVD. EAST
PARRISH FL 34219

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

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 P ☐ Delete
NAME KUMARICH, DAN
STREET ADDRESS 2946 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE D ☐ Change ☒ Addition
NAME Paul Sayers
STREET ADDRESS 3111 Wilderness Blvd. W.
CITY-ST-ZIP PARRISH, FL 34219

TITLE S ☐ Delete
NAME KUMARICH, CELE
STREET ADDRESS 2946 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE D ☐ Change ☒ Addition
NAME Stan Herbets
STREET ADDRESS 3201 Wilderness Blvd. W.
CITY-ST-ZIP PARRISH, FL 34219

TITLE TR ☐ Delete
NAME LANE, ELIZABETH
STREET ADDRESS 3641 WILDERNESS BLVD. WEST
CITY-ST-ZIP PARRISH FL 34219

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

TITLE BD ☐ Delete
NAME HODGES, JOAN
STREET ADDRESS 3302 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

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

TITLE D ☐ Delete
NAME HODGES, PETE
STREET ADDRESS 3302 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

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

TITLE D ☒ Delete
NAME TROXELL, CLARENCE
STREET ADDRESS 3321 LAKESIDE CIRCLE
CITY-ST-ZIP PARRISH FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90126 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)