

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90073 008 *****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0789243

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **STAN HERBETS**
STREET ADDRESS **3201 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SAYERS, PAUL**
STREET ADDRESS **3111 WILDERNESS BLVD W**
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:

Dan Kumarich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 941-776-1891

Date

Daytime Phone #

CR2E037 (10/00)