

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90165 037 \*\*\*\*61.25

**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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Neva Sayers*  
Signature, typed or printed name of registered agent and title if applicable.

*Pres.*

(NOTE: Registered Agent signature required when reinstating)

**3-17-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KUMARICH, DAN</b><br><b>2946 WILDERNESS BLVD. EAST</b><br><b>PARRISH FL 34219</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>KUMARICH, CELE</b><br><b>2946 WILDERNESS BLVD. EAST</b><br><b>PARRISH FL 34219</b>   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br><b>LANE, ELIZABETH</b><br><b>3641 WILDERNESS BLVD. WEST</b><br><b>PARRISH FL 34219</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BD</b><br><b>HODGES, JOAN</b><br><b>3302 WILDERNESS BLVD. EAST</b><br><b>PARRISH FL 34219</b>    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HODGES, PETE</b><br><b>3302 WILDERNESS BLVD. EAST</b><br><b>PARRISH FL 34219</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SAYERS, PAUL</b><br><b>3111 WILDERNESS BLVD W</b><br><b>PARRISH FL 34219</b>         | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>Sayers NEVA</b><br><b>3111 Wilderness Blvd. W.</b><br><b>PARRISH, FL 34219</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>CLARENCE TROXELL</b><br><b>3321 Lakeside Circle</b><br><b>PARRIS, FL 34219</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>Herberts, STAN</b><br><b>2201 Wilderness Blvd. W.</b><br><b>PARRISH, FL 34219</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E037 (10/02)

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 Required* President **2-10-03** 944 77 1001