

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005424

1. Entity Name

THE CHASSAHOWITZKA RIVER RESTORATION COMMITTEE,

Principal Place of Business

10571 SO. LABARON DR.
HOMOSASSA FL 34448

Mailing Address

10571 SO. LABARON DR.
HOMOSASSA FL 34448

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

59-3538392

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

NEWBERGER, MITCHELL A
820 NEWBERGER RD.
LUTZ FL 33549

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 STAFFORD, BRYAN
STREET ADDRESS 10571 S. LABARON DR.
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE P ☒ Change ☐ Addition
NAME STAFFORD, BRYAN
STREET ADDRESS 7901 W. MESA LN.
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ST ☐ Delete
NAME ROUSH, LONNIE
STREET ADDRESS 10871 S. LABARON DR.
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE V ☐ Change ☒ Addition
NAME JACK CALBACK
STREET ADDRESS 10093 WOODWARD POINT
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE D ☐ Delete
NAME ROUSH, JOHN
STREET ADDRESS 10571 S. LABARON DR.
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE DS ☐ Delete
NAME NEWBERGER, MITCHELL A
STREET ADDRESS 820 NEWBERGER RD.
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME ARRIGO, BETTY
STREET ADDRESS 11433 S. RAGWATER CT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/15/00

Date

352-382-3267

Daytime Phone #

CR2E037 (9/99)