

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90009 049 \*\*\*\*61.25

**DOCUMENT # N99000003636**

1. Entity Name

**CONCERNED CITIZENS FOR THE PRESERVATION OF SINGLE  
 FAMILY ZONING** *R*

Principal Place of Business

Mailing Address

3447 SHERIDAN AVE  
 MIAMI BEACH FL 33140

3447 SHERIDAN AVE  
 MIAMI BEACH FL 33140-3347

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

**65-0942787**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIBBS, W T  
 2665 SOUTH BAYSHORE DR. STE 603  
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, GARY</b>	
STREET ADDRESS	<b>3447 SHERIDAN AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WAX, WILLIAM</b>	
STREET ADDRESS	<b>3782 CHASE AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERMAN, CAROL</b>	
STREET ADDRESS	<b>3435 SHERIDAN AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Handwritten Signature]*  
**GARY HUNT**

**5/1/00** **305-674-9403**

Date

Daytime Phone #

CR2E037 (9/99)