

DOCUMENT # N99000004295

1. Entity Name

REDLAND CITIZENS FOR INCORPORATION, INC.

Principal Place of Business

20251 S.W. 272ND ST.
MIAMI FL 33031

Mailing Address

20251 S.W. 272ND ST.
MIAMI FL 33031-2118

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

☒ Applied For
☐ Not Applicable5. 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

LOSNER, STEVEN D
65 N.W. 16TH ST.
HOMESTEAD FL 33030

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	LOSNER, WILLIAM H	
STREET ADDRESS	20251 S.W. 272ND ST.	
CITY-ST-ZIP	MIAMI FL 33031	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, STEVE	
STREET ADDRESS	27451 S.W. 170TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33031	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUMBLE, JAMES	
STREET ADDRESS	26600 S.W. 182ND AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELING, CRAIG	
STREET ADDRESS	C/O/BROOKS TROPICAL P.O. BOX 900160	
CITY-ST-ZIP	HOMESTEAD FL 33090-0160	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEKELS, ROBERT L JR	
STREET ADDRESS	28100 S.W. 194TH CT.	
CITY-ST-ZIP	HOMESTEAD FL 33031	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSARIO, CLAUDIO	
STREET ADDRESS	10505 S.W. 56TH CT.	
CITY-ST-ZIP	MIAMI FL 33165	

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

January 11, 2000 (305) 247-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE