

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # N99000006213

1. Entity Name

CITIZENS AGAINST BLASTING, INC.

(R)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 033 \*\*\*\*61.25

Principal Place of Business

P. O. BOX 1684  
JASPER FL 32052

Mailing Address

P. O. BOX 1684  
JASPER FL 32052

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 54-3632419  
59-3632419

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIVEZEY, DONALD  
6919 NW CR 146  
JENNINGS FL 32053

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

Donald O. Livezey DONALD O. LIVEZEY

08/01/00

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  
After September 13, 2000 min. will be \$236.25

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANN SPRY	
STREET ADDRESS	6443 NW CR. 152	
CITY-ST-ZIP	JENNINGS, FLA 32053	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DONALD O. LIVEZEY	
STREET ADDRESS	6919 NW CR 146	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	ANN BEMBRY	
STREET ADDRESS	3565 NW 86th Blvd	
CITY-ST-ZIP	Jasper, FL 32052	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	PATY BROWN	
STREET ADDRESS	6661 NW 40th Way	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Mary Bembry	
STREET ADDRESS	4932 NW US 41	
CITY-ST-ZIP	Jasper FL 32052	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Kathleen Copeland	
STREET ADDRESS	3568 NW 86th Blvd	
CITY-ST-ZIP	Jasper FL 32052	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farrell Burnam	
STREET ADDRESS	4900 NW US 41	
CITY-ST-ZIP	Jasper FL 32052	
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		
CITY-ST-ZIP		
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		
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:

Donald O. Livezey DONALD O. LIVEZEY

Date

Daytime Phone #

CR2E037 (5/00)