

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90109 005 \*\*\*\*61.25

0097406

**DOCUMENT # N41213**

1. Entity Name

**DESOTO CITIZENS AGAINST POLLUTION, INC.**

Principal Place of Business

Mailing Address

**4070 SW ARHADILLO TR  
 ARCADIA FL 34266  
 US**

**4070 SW ARHADILLO TR  
 ARCADIA FL 34266  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0241208**

- Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHASE, JOYCE A.  
 1183 NW GIRL SCOUT ROA  
 ARCADIA FL 34266**

Name **ALAN R. BEHRENS**

Street Address (P.O. Box Number is Not Acceptable)

**4070 SW ARHADILLO TRAIL**

City **ARCADIA**

FL

Zip Code **34266**

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

*Alan R. Behrens* (Alan R. Behrens)

1-12-02

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	DP	<input type="checkbox"/> Delete
NAME	BEHRENS, ALAN	
STREET ADDRESS	4070 SW ARHADILLO TRAIL	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHASE, GEORGE B.	
STREET ADDRESS	1183 GIRL SCOUT RD.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHASE, JOYCE A.	
STREET ADDRESS	1183 GIRL SCOUT RD.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MAURICE	
STREET ADDRESS	P.O. BOX 424 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POLLOCK, LARAIN	
STREET ADDRESS	1261 SW NOMIE DRIVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> Delete
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		
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:

*Alan R. Behrens* (Alan R. Behrens)

Date

Daytime Phone #

1-12-02 (863) 214-7947

CR2E037 (9/01)