2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90027 015 ****70.00

DOCUMENT # 729251

1. Entity Name

THE ARC OF PUTNAM COUNTY, INC.

Principal Place of Business	Mailing Address
1209 WESTOVER DR PALATKA FL 32177-5329	1209 WESTOVER DR PALATKA FL 32177-5329

Y14180

DO NOT WRITE IN THIS SPACE

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 59-1550224 ☐ Applied For ☐ Not Applic.

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
WHITTAKER, JIM 1209 WESTOVER DR PALATKA FL 32077	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TORODE, WILLIAM E. 257 RIVER DR E PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORODE, WILLIAM	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLETCHER, CARL 195 HORSEMANS CLUB ROAD PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DRIGGERS, DOT E. RIVER RD, PO BOX 72 E PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTBURY, RICHARD 4801 ST. JOHNS AVENUE PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALIQUETTE, HENRY RT. 2, BOX 89 E PALATKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, LEANNE 792 LAKE SHORE TERR INVERNESS, FL 32148	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELISSA MILLER 5001 ST JOHNS AVE PALATKA FL 32177	☐ Change ☑ Addition

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] **SIGNATURE REQUIRED** 1-20-00 904 325-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #