

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90138 014 ****61.25

DOCUMENT # 731279

1. Entity Name
SCARC, INC.



Principal Place of Business
**213 W MCCOLLUM AVE
BUSHNELL FL 33513**

Mailing Address
**213 W MCCOLLUM AVE
BUSHNELL FL 33513**

20011887



☐ CHECK HERE IF MAKING CHANGES

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 **59-1556200**

Applied For

Not Applicable

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

**THORNTON, RANDALL N
E. HIGHWAY 470
LAKE PANASOFFKEE FL 33538**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SLATE, ED	
STREET ADDRESS	506 WEST NOBLE AVE LOT 193	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	S	<input type="checkbox"/> Delete
NAME	LORD, DEBORAH	
STREET ADDRESS	339 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MERILYN	
STREET ADDRESS	4195 C 575	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, LINDA	
STREET ADDRESS	320 W BELT AVE POB 134	
CITY-ST-ZIP	BUSNELL FL 33513	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUDDLESTON, BILL	
STREET ADDRESS	E HWY 476	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARROLL, YVONNE	
STREET ADDRESS	821 LEE STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	

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

CR2E037 (10/02)

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: *MERILYN JOHNSON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03