

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748100

1. Entity Name

THE ARC OF ST. LUCIE COUNTY, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 033 ****70.00

Principal Place of Business

Mailing Address

616 ATLANTIC AVE
FT. PIERCE FL 34950
US

P. O. BOX 1016 N/A
FT. PIERCE FL 34954-1016
US

200020468



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1100961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KING, CHERYL
1905 YORK CT.
FT. PIERCE FL 34982

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
DT
MALAQUIST, ELAINE
2916 SE DARIEN
PT. ST. LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2013 Sumorellia Ln.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
COSTA, CATHI
1951 CORQUET ST.
PORT ST. LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1755 15915 E Croquet

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
HAYKIN, CAROLYN
2461 NE MYRTLE ST
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FRANCIS, ANTON
4012 GREENWOOD DR.
FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCIALDO, PENNY
422 HERNANDO ST.
FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CONNER, ALECIA
1117 SW DEL RIO BLVD.
PT ST LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Cathi Costa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)