

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90062 018 ****71.00

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DOCUMENT # 748100

1. Entity Name

THE ARC OF ST. LUCIE COUNTY, INC.

Principal Place of Business

**616 ATLANTIC AVE
 FT. PIERCE FL 34950
 US**

Mailing Address

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

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

59-1100961

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

**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

2/12/01

**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 2013 SW MORELLA LN PT. ST. LUCIE FL 34953	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COSTA, CATHI 1591 SE CROQUET PORT ST. LUCIE FL 34983	☐ Delete
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	DV FRANCIS, ANTON 4012 GREENWOOD DR. FORT PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIALDO, PENNY 422 HERNANDO ST. FT. PIERCE FL	☐ Delete
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	D Maria Scialdo 422 HERNANDO ST. FT. PIERCE, FL 34949	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rusti Nelson 3413 North AIA FT. PIERCE, FL 34949	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pamela Baker 3413 North AIA FT. PIERCE, FL 34949	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gregory Port 1908 Eucalyptus Ave. FT. PIERCE, FL 34949	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

2/12/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

468-7879 x7

CR2E037 (10/00)