

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000669

1. Entity Name

NORTH OKALOOSA ARC, INC.

Principal Place of Business

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

Mailing Address

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536-2638

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

59-3156485

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

WANDA J. FOGLE
5407 CONSTITUTION RD.
CRESTVIEW FL 32539

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOGLE, WANDA	
STREET ADDRESS	5407 CONSTITUTION RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STARR, CAROL	
STREET ADDRESS	112 HOLLOW COVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, SUSAN	
STREET ADDRESS	4584 RAINBIRD RISE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WISE, SUSAN K	
STREET ADDRESS	4584 RAINBIRD RISE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAMS, ELISE	
STREET ADDRESS	408 W JAMES LEE BLVD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STARR, SAM	
STREET ADDRESS	112 HOLLOW COVE	
CITY-ST-ZIP	CRESTVIEW FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGLE, JAMES	
STREET ADDRESS	5407 CONSTITUTION RD.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLHOUN, BERNICE	
STREET ADDRESS	LAKE ELLA RD.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, JESS	
STREET ADDRESS	429 E EDNEY	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DOROTHY	
STREET ADDRESS	497 E. BOWERS	
CITY-ST-ZIP	CRESTVIEW, FL 32539	

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:

Wanda J. Fogle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2000

850-689-3663
Date Daytime Phone #

CR2E037 (9/99)