2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90614 038 ****70.00

DOCUMENT # 703784

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS - VOLUSIA, INC

Principal Place of Business	Mailing Address
100 JIMMY HUGER CIR. P.O. BOX 9658 DAYTONA BEACH FL 32117-5108	100 JIMMY HUGER CIR. P.O. BOX 9658 DAYTONA BEACH FL 32117-5108

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 59-1035137 ☐ 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
ROLL, DANIEL O 100 JIMMY HUGER CIR DAYTONA BCH FL 32117	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	COB TOBLER, JO ANN 2550 CHERANGELA CT DELAND FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN OF BOARD CAUSE, DOROTHY 54 SEAWINDS CIRCLE PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLINS, JAMES M 135 WESTWOOD DRIVE DAYTONA BEACH FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER KENNEDY, ADAM 112 TERN CT. DAYTONA BEACH, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, ROY III 191 PINE CONE DRIVE ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABRIEL, K EUGENE 141 BRANDY HILLS DR PT ORANGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KACZYNSKI, MARGIE 682 BRANCH DR PT ORANGE FL 32127-3808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNYDER, JIM 2041 ANCHOR AVENUE DELAND FL 32721	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: K Eugene Gabriel SIGNATURE REQUIRED K. EUGENE GABRIEL 4-22-02 386-274-4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number