

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90403 031 ****70.00

0001409

DOCUMENT # 703784

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS - VOLUSIA, INC



Principal Place of Business

**100 JIMMY HUGER CIR.
P.O. BOX 9658
DAYTONA BEACH FL 32117-5108**

Mailing Address

**100 JIMMY HUGER CIR.
P.O. BOX 9658
DAYTONA BEACH FL 32117-5108**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROLL, DANIEL O
100 JIMMY HUGER CIR
DAYTONA BCH FL 32117**

7. Name and Address of New Registered Agent

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	COB	<input type="checkbox"/> Delete
NAME	CALISE, DOROTHY	
STREET ADDRESS	545 SEAWINDS CIRCLE	
CITY-ST-ZIP	PONCE INLET FL 32124	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENNEDY, ADAM	
STREET ADDRESS	112 TERN CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, BOY III	
STREET ADDRESS	101 PINE CONE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, K EUGENE	
STREET ADDRESS	141 BRANDY HILLS DR	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KACZYNSKI, MARGIE	
STREET ADDRESS	682 BRANCH DR	
CITY-ST-ZIP	PT ORANGE FL 32127-3808	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNYDER, JIM	
STREET ADDRESS	2041 ANCHOR AVENUE	
CITY-ST-ZIP	DELAND FL 32721	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSLER, JO ANN	
STREET ADDRESS	2550 CHERANGELA CT	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
K. EUGENE GABRIEL

4/28/03

386-274-4736

CR2E037 (10/02)