

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 024 ****61.25

DOCUMENT # 705008

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, IN C.

Principal Place of Business

Mailing Address

**411 E. COLLEGE AVENUE
 TALLAHASSEE FL 32301**

**411 E. COLLEGE AVENUE
 TALLAHASSEE FL 32301**

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 **59-0830741**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUH, CHRIS
 411 E. COLLEGE AVENUE
 TALLAHASSEE FL 32301**

Name **John Hall**
 Street Address (P.O. Box Number is Not Acceptable)

411 East College Avenue
 City **Tallahassee, Florida FL** Zip Code **32301**

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:

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/17/02**

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 **P** Delete
 NAME **DIRIENZO, JOHN**
 STREET ADDRESS **7194 HOILDAY DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **EVANS, JIM**
 STREET ADDRESS **3009 BLACKSHEAR AVE.**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE Change Addition
 NAME
 STREET ADDRESS **3407 Applegate Drive**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **D** Delete
 NAME **SCHUH, CHRIS**
 STREET ADDRESS **411 E COLLEGE AVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME **Executive Director**
 STREET ADDRESS **John Hall**
 CITY-ST-ZIP **411 East College Avenue**
Tallahassee, Florida 32301

TITLE **I** Delete
 NAME **MILLER, DAVID**
 STREET ADDRESS **P O BOX 2350**
 CITY-ST-ZIP **FT WALTON BEACH FL 32549**

TITLE Change Addition
 NAME
 STREET ADDRESS **123 Truxton Avenue**
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **GONZALEZ, ANNE**
 STREET ADDRESS **589 WESTWINDS DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/17/02**

DAYTIME PHONE #: **850/921-0460**

CR2E037 (9/01)