

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708757

1. Entity Name

LEAGUE TO AID RETARDED CHILDREN, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90053 035 ****61.25

Principal Place of Business

Mailing Address

3100 75TH ST NO
ST. PETERSBURG FL 33710

P.O. BOX 47442
ST PETERSBURG FLA 33743-7442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6175993

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KNAEBEL, STEVIE
12139 98TH AVE NO
SEMINOLE FL 33772

Name

Julia Cartland

Street Address (P.O. Box Number is Not Acceptable)

3095 5 Street NO

City

St Petersburg

FL

Zip Code

33704

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

Julia Cartland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/00

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	PD	<input type="checkbox"/> Delete
NAME	WISELEY, YVONNE	
STREET ADDRESS	10208 TARPON DR	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KNAEBEL, STEVIE	
STREET ADDRESS	12139 98TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARTLAND, JULIA	
STREET ADDRESS	3095 5TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GABY, SELMA	
STREET ADDRESS	8011 26TH AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MITCHUM, MARY	
STREET ADDRESS	10206 TARPOND DR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GILBERT, THELMA	
STREET ADDRESS	3016 61ST STREET NO	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIA CARTLAND	
STREET ADDRESS	3095 5 Street NO	
CITY-ST-ZIP	St Petersburg, FL 33704	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Gilley	
STREET ADDRESS	1722 65 Way NO	
CITY-ST-ZIP	St Petersburg, FL 33710	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL CULVER	
STREET ADDRESS	2945 68 Street NO	
CITY-ST-ZIP	St Petersburg, FL 33710	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baur, Candice	
STREET ADDRESS	5511 101 Ave NO	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, Kattie	
STREET ADDRESS	19 Island Drive	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, CONNIE	
STREET ADDRESS	5870 106 Terr NO	
CITY-ST-ZIP	Pinellas Park FL 33782	

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:

Julia Cartland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

Daytime Phone #

CR2E037 (9/99)