FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 708757** 1. Entity Name LEAGUE TO AID RETARDED CHILDREN, INC. 04-27-2001 90266 028 \*\*\*\*61.25 Principal Place of Business Mailing Address 3100 75TH ST NO P.O. BOX 47442 ST. PETERSBURG FL 33710 ST PETERSBURG FLA 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6175993 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeanne Cilley Street Address (P.O. Box Number is Not Acceptable) CARTLAND, JULIA 3095 5 ST N <del>1722 65th Way North</del> SAINT PETERSBURG FL 33704 City St. Petersburg 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 Jeanne Gilley-President SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change D۷ TITLE Delete TIT! F ☐ Addition DΡ GILLEY, JEANNE G NAME Gilley, Jeanne G. STREET ADDRESS STREET ADDRESS 1722 65 WY N 1722 65 Wy No CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 St. Petersburg, FL 33710 Change D۷ TITLE ☐ Delete TITLE ☐ Addition CULUER, GAIL NAME NAME Culver, Gail STREET ADDRESS 2945 68 ST\_N\_ STREET ADDRESS 2945 68 St No CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 t. Petesburg, FL 33710 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME CARTLAND, JULIA NAME STREET ADDRESS 3095 5TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 TITLE ☐ Delete TITLE ☐ Change 🗴 ☐ Addition DV NAME BAUR, CANDICE NAME Denise Linden STREET ADDRESS STREET ADDRESS 5511 101 AVE N 8271 27th Ave No CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 St. Petersburg, FL 3371 TITLE TITLE · Delete Change Change ☐ Addition NAME MASSIE, KATTIE NAME Wasson, Sandra R. STREET ADDRESS STREET ADDRESS 19 ISLAND DR 8381 56th Way No CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Pinellas Park, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUTTON, CONNIE NAME NAME STREET ADDRESS 5870 106 TERR N STREET ADDRESS CITY-ST-ZIP 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. ANTION LODDING SUTTON - TREASURER SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR