

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0000604

**DOCUMENT # 709028**

1. Entity Name

**THE ARC JACKSONVILLE, INC.**

04-01-2002 90637 033 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

**1050 NORTH DAVIS STREET  
 JACKSONVILLE FL 32209  
 US**

**1050 NORTH DAVIS STREET  
 JACKSONVILLE FL 32209  
 US**

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

**59-6209603**

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

**WHITTAKER, JAMES  
 1050 NORTH DAVIS ST  
 JACKSONVILLE FL 32209**

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 **DVP** ☐ Delete  
 NAME **JOHNSON, DEBBIE**  
 STREET ADDRESS **4800 BEACH BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CHAIRMAN** ☒ Change ☐ Addition  
 NAME **JOHNSON, DEBBIE**

TITLE **VSD** ☒ Delete  
 NAME **FULLWOOD, KAY**  
 STREET ADDRESS **2345 LUANA DRIVE EAST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **DAVID AYALA**  
 STREET ADDRESS **301 W BAY ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Delete  
 NAME **GERMANY, JOHN**  
 STREET ADDRESS **50 NORTH LAURAST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32201**

TITLE **VICE CHAIR** ☐ Change ☒ Addition  
 NAME **STEVEN GUTOS**  
 STREET ADDRESS **1424 FALCONHEAD CT**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **CD** ☐ Delete  
 NAME **MORAN, BERNADETTE**  
 STREET ADDRESS **3312 ST. JOHNS AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **DIANE HALVERSON**  
 STREET ADDRESS **825 MARLETON TERRACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **TD** ☐ Delete  
 NAME **CONKLIN, BOB**  
 STREET ADDRESS **111 RIVERSIDE AVENUE, SUITE 210**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **WALLACE PATZKE, JR.**  
 STREET ADDRESS **155 EAST 81 ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32201**

TITLE **D** ☒ Delete  
 NAME **GLOGER, VICKI-LYNNE**  
 STREET ADDRESS **5000 PINWOOD AVE #8**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **WALTER PFEIL**  
 STREET ADDRESS **12931 PALMETTO GLADE DR**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

904-355-0155

Daytime Phone #

CR2E037 (9/01)