

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710221

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COU

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90107 045 ****61.25

Principal Place of Business

Mailing Address

3303 NW 83RD ST.
GAINESVILLE FL 32606

3303 NW 83RD ST.
GAINESVILLE FL 32606-6227

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

59-1140179

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

BRADLEY, RICHARD
3303 NW 83RD ST.
GAINESVILLE FL 32606

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	P	<input type="checkbox"/> Delete
NAME	ROTHROCK, JOANNE	
STREET ADDRESS	3143 NW 58TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGUEWOOD, BRUCE	
STREET ADDRESS	14715 NW 39TH PL	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, NAOMI	
STREET ADDRESS	P O BOX 1323	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FIELDING, JOHN	
STREET ADDRESS	110 NW 46TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYROWITZ, RAYMOND	
STREET ADDRESS	BOX 114, TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALKER, HEATHER	
STREET ADDRESS	5916 NW 158TH ST	
CITY-ST-ZIP	ALACHUA FL 32615	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHROCK, JOAN	
STREET ADDRESS	3134 NW 58TH BLVD	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
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	JAMES STOCKMAN	
STREET ADDRESS	20723 SW 46TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)