

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90080 016 ****61.25

DOCUMENT # 710221

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COU

Principal Place of Business

3303 NW 83RD ST.
 GAINESVILLE FL 32606

Mailing Address

3303 NW 83RD ST.
 GAINESVILLE FL 32606

00022742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1140179

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROTHROCK, JOAN 3134 NW 58TH BLVD GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGUEWOOD, BRUCE 14715 NW 39TH PL NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, NAOMI P O BOX 1323 ALACHUA FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKMAN, JAMES 20723 SW 46TH AVE NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYROWITZ, RAYMOND BOX 114, TURKEY CREEK ALACHUA FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALKER, HEATHER 5916 NW 158TH ST ALACHUA FL 32615	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHROCK JOAN 3134 NW 58TH BLVD GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAGUEWOOD BRUCE 14715 NW 39TH PL NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NAOMI 113 S.E. 16TH AVE, APT G-107 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CONROY, MAUREEN 1109 NE 5TH ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MEYROWITZ RAYMOND BOX 114, TURKEY CREEK ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKMAN, DAVID 20721 SW 46TH AVE NEWBERRY, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

RICHARD BRADLEY 3-1-01

Date

Daytime Phone #

352-334-4060

CR2E037 (10/00)

2001 UNIFORM BUSINESS REPORT
DOCUMENT #710221
ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COUNTY, INC.
FEIN 59-1140179

Attachment
#710221
D0022742

ALL ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE	D
NAME	WALKER, MARK
STREET ADDRESS	FLORIDA BANK
	P. O. BOX 358290
CITY-ST-ZIP	GAINESVILLE, FL 32635-8290

TITLE	D
NAME	COSTELLO, CATHY L.
STREET ADDRESS	2525 NW 19TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	D
NAME	LINCOLN, NANCY
STREET ADDRESS	1505 FORT CLARKE BLVD., APT. 12-107
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	D
NAME	WILLIAMS, BILL
STREET ADDRESS	1501 NW 46TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605