

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90149 023 \*\*\*\*61.25

**DOCUMENT # 710221**

1. Entity Name

**ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COUNTY, INC.**

Principal Place of Business

Mailing Address

**3303 NW 83RD ST.  
GAINESVILLE FL 32606**

**3303 NW 83RD ST.  
GAINESVILLE FL 32606**

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 **D** ☐ Delete  
NAME **ROTHBROCK, JOAN**  
STREET ADDRESS **3134 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HAGUEWOOD, BRUCE**  
STREET ADDRESS **14715 NW 39TH PL**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WILLIAMS, NAOMI**  
STREET ADDRESS **113 SE 16TH AVE APT G-107**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **STOCKMAN, JAMES**  
STREET ADDRESS **20723 SW 46TH AVE**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **V/D** ☒ Change ☐ Addition  
NAME **- SAME - Stockman**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **MEYROWITZ, RAYMOND**  
STREET ADDRESS **BOX 114 TURKEY CREEK**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **T/D** ☒ Change ☐ Addition  
NAME **- Same - Meyrowitz**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STALKER, HEATHER**  
STREET ADDRESS **5916 NW 158TH ST**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Change ☐ 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:**

**BRUCE HAGUEWOOD, PRES 3/11/02 352-334-4060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/01)

ATTACH DOC# 710221

346428

Title: S/D  
Name: CONROY, MAUREEN  
Street Address: 516 NE 4<sup>TH</sup> STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D  
Name: STOCKMAN, DAVID  
Street Address: 20721 SW 46<sup>TH</sup> AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: D  
Name: WALKER, MARK  
Street Address: 600 NW 43<sup>RD</sup> ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: COSTELLO, CATHY  
Street Address: 2525 NW 19<sup>TH</sup> 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, WILLIAM  
Street Address: 1501-NW 46<sup>TH</sup> TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: JOHNSON, JOE  
Street Address: 6324 NW 33<sup>RD</sup> STREET  
City-St-Zip: GAINESVILLE, FL 32653-1334