

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90201 017 *****61.25

DOCUMENT # 710221

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF ALACHUA COUNTY, INC.



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent:

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHBROCK, JOAN 3134 NW 58TH BLVD GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGUEWOOD, BRUCE 14715 NW 39TH PL NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NAOMI 113 SE 16TH AVE APT G-107 GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCKMAN, JAMES 20723 SW 46TH AVE NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGUEWOOD, BRUCE 14715 NW 39TH PLACE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKMAN, JAMES 20723 SW 46TH AVE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	<input type="checkbox"/> Change <input 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: *RAYMOND MEYROWITZ* *M C W* *3/31/03 (352) 334-4060*

CR2E037 (10/02)

Attachment

10056684

#710221

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

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

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

Title: S/D
Name: COSTELLO, CATHY
Street Address: 2525 NW 19TH WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: WALTERS, DENISE
Street Address: 1414 NW 35TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: WILLIAMS, WILLIAM
Street Address: 1501 NW 46TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

Title: D
Name: LUTZ, DONNA
Street Address: 409 NW 24TH STREET
City-St-Zip: GAINESVILLE, FL 32607

* ADDITION

Title: D
Name: ELLIFRETT, JOYCE
Street Address: 1410 NW 46TH STREET
City-St-Zip: GAINESVILLE, FL 32605

* ADDITION

Title: D
Name: DROTOS, RON
Street Address: 10223 SW 49TH LANE
City-St-Zip: Gainesville, FL 32608

* ADDITION