

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718359

1. Entity Name

OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.
(aka Osceola ARC, Inc.)

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

07-28-2000 90003 044 ****61.25

Principal Place of Business

310 N. CLYDE AVE
KISSIMMEE FL 34741

Mailing Address

310 N. CLYDE AVE
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7063820

Applied For

Not Applicable

Zip

Country
Osceola

Zip

Country
Osceola

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOON, WILLIAM A D
2950 ROBINS NEST CT
ST CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

James L. Ormand

Street Address (P.O. Box Number is Not Acceptable)

310 North Clyde Avenue

City

Kissimmee

FL

Zip Code
34741

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

James L. Ormand

James L. Ormand

7/19/00

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
After September 13, 2000 min. will be \$236.25

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

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	MOON, WILLIAM A	
STREET ADDRESS	2950 ROBINS NEST CT	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOBROFF, MIKE	
STREET ADDRESS	2381 OAKLEAF LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, NEAL	
STREET ADDRESS	1527 REGAL CT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVERS, MELVIN	
STREET ADDRESS	910 EMMETT ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, CHARLES	
STREET ADDRESS	219 DELEWARE AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUTTON, ANN	
STREET ADDRESS	1513 BETH ANN CT	
CITY-ST-ZIP	KISSIMMEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ormand, James L.	
STREET ADDRESS	310 North Clyde Avenue	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herrick, Linda	
STREET ADDRESS	310 North Clyde Avenue	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Dawn	
STREET ADDRESS	310 North Clyde Avenue	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Carol	
STREET ADDRESS	310 North Clyde Avenue	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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:

James L. Ormand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

407-847-6016
7/19/00

Date

Daytime Phone #

CR2E037 (5/00)

OSCEOLA ARC, INC.
310 North Clyde Avenue
Kissimmee, FL 34741

Page 2

OFFICERS AND DIRECTORS continued

VC (Vice Chairperson)/D
Bowen, Neal
1527 Regal Court
Kissimmee, FL 34744

D
Torrington, Ian
1302 Cinda Court
St. Cloud, FL 34772

D
Anderson, Martha
1850 Palmetto Drive
Kissimmee, FL 34744

D
Turner, Joan
907 Hendon Place
Poinciana, FL 34758

D
Childers, Dr. Emily
9 Tennessee Avenue
St. Cloud, FL 34769

D
Hartzog, Marta
c/o First National Bank of Osceola
920 North John Young Parkway
Kissimmee, FL 34741

D
Jewell, Dennis
c/o Terry's Electric
600 North Thacker Avenue; Suite 600
Kissimmee, FL 34741

D
Kane-Benjamin, Mabel
12528 Illinois Woods Lane
Orlando, FL 34742-1712

D
Owen, Charles
1509 Sunset Pointe Place
Kissimmee, FL 34744