

2000 UNIFORM BUSINESS REPORT (UBR)

www.fred

DOCUMENT # 724144

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS OF ST. JOHNS C

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 032 ****70.00

Principal Place of Business

Mailing Address

**2101 ARC DRIVE
 ST. AUGUSTINE FL 32095
 US**

**2101 ARC DRIVE
 ST. AUGUSTINE FL 32095-3211
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7201838**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, KATHY P.
 2101 ARC DR
 ST AUGUSTINE FL 32095**

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	PD	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL A.	
STREET ADDRESS	3940 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARONEL, DOT	
STREET ADDRESS	212 CABEZA ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDMISTON, M. GREER	
STREET ADDRESS	17 CORDOVA ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM G	
STREET ADDRESS	8 SEMINOLE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM G.	
STREET ADDRESS	8 SEMINOLE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PAUL	
STREET ADDRESS	P.O. Box 70	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	
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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED **3-21-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)