2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State **DOCUMENT # 724184** 1. Entity Name 05-18-2001 91549 015 ****70.00 ASSOCIATION FOR RETARDED CITIZENS/ESCAMBIA, INC. Principal Place of Business Mailing Address ՄՈՐ ԱՐԱՐԱՐԻ 3916 N 10TH AVE 3916 N 10TH AVENUE PENSACOLA FL 32503-2806 PENSACOLA FL 32503-2806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0940528 Not Applicable Zip Country Country \$8.75 Additional Zip_ 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FASSETT, DONNA 3916 N 10TH AVENUE PENSACOLA FL 32503 City 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. Donna Fassett, Executive Director 5/16/01 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD X Change ☐ Addition CR2E037 (10/00 TITLE TITLE ☐ Delete NAME EVANS, JAMES N. NAME LEAHY, ROSILAN STREET ADDRESS STREET ADDRESS 1086 SEABREEZE LANE 3407 Applegate Dr. CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Pensacola, FL 32514 🖺 Change TITLE ☐ Addition TITLE □ Delete HARRIS, REYNOLD NAME NAME HAYES, LYNN STREET ADDRESS STREET ADDRESS 5122 Gullpoint Rd. 281 PLANTATION RD CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ensacola, FL 32504 Change ☐ Addition TITLE TD Delete TITLE MCKINNON, JR. Beggs & Lane DENIS EVANS, JAMES NAME NAME 3 W. Garden St. Ste 700 STREET ADDRESS STREET ADDRESS 3407 APPLEGATE DR Pensacola, FL 32501 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 TITLE ₹ Change ☐ Addition TITLE Delete NAME NAME HAYES, LYNN AMBERSLEY, LINDA STREET ADDRESS 5122 GULL POINT DR STREET ADDRESS 4730 LaJo11a CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Pensacola, FL 32504 Change ☐ Addition ☐ Delete TITLE FASSETT, DONNA FASSETT, DONNA STREET ADDRESS STREET ADDRESS 3916 N 10TH AVENUE 3916 N. Tenth Ave CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Pensacola, FL TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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