

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729656

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS/MADISON-JEFFER *R*

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90152 038 ****61.25

Principal Place of Business 100 COMMERCE DRIVE P O BOX 912 MADISON FL 32340	Mailing Address 100 COMMERCE DRIVE P O BOX 912 MADISON FL 32340
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1568446	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

HARDEE, CARY A.
901 W. BASE ST.
MADISON FL 32340

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.

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
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 NAME ST DAY, LUCILE STREET ADDRESS P.O. BOX 55 NA CITY-ST-ZIP GREENVILLE FL 32331	<input type="checkbox"/> Delete
TITLE NAME D BROWN, DOUGLAS STREET ADDRESS 500 S W HARRY ST CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME D GRIFFIN, DOROTHY STREET ADDRESS P O BOX 453 CITY-ST-ZIP GREENVILLE FL 32331	<input type="checkbox"/> Delete
TITLE NAME P GLEE, GARY SR STREET ADDRESS RTE 3 BOX 16A NA CITY-ST-ZIP GREENVILLE FL	<input type="checkbox"/> Delete
TITLE NAME D FENNEMAN, STUART STREET ADDRESS P.O. BOX 449 NA CITY-ST-ZIP MADISON FL 32340	<input checked="" type="checkbox"/> Delete
TITLE NAME VP BRASWELL, KATHLEEN STREET ADDRESS RT 3 BOX 35 CITY-ST-ZIP GREENVILLE FL 32331	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME DIRECTOR COODY, MARY STREET ADDRESS RTE. 3, BOX 1250 CITY-ST-ZIP MADISON, FL. 32340	<input type="checkbox"/> Change <input checked="" 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: *Bryan L. Glee, Sr.* (GARY L. GLEE, SR.) 8/24/00 (850) 973-4375
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)