

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731164

1. Entity Name

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Principal Place of Business

Mailing Address

1335 SOUTH BLVD.
CHIPLEY FL 32428

1335 SOUTH BLVD.
CHIPLEY FL 32428-2219

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

23-7402786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MAVIS N
1335 SOUTH BLVD.
CHIPLEY FL 32428

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.

Mavis Smith, Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00

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

TITLE	D	☐ Delete
NAME	TAYLOR, GEORGE	
STREET ADDRESS	RT 3 BOX 405	
CITY-ST-ZIP	WESTVILLE FL	
TITLE	D	☐ Delete
NAME	BETTS, JEANNIE	
STREET ADDRESS	1291 WELLS AVE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	☐ Delete
NAME	ANDERSON, TENCIE MAE	
STREET ADDRESS	402 E MICHIGAN AVE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	☐ Delete
NAME	STEPHENS, JAMES G	
STREET ADDRESS	306 SOUTH 6TH STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VP	☐ Delete
NAME	FISH, P.P.(PETE) C	
STREET ADDRESS	506 S WAUKESHA ST	
CITY-ST-ZIP	BONIFAY FL	
TITLE	S	☐ Delete
NAME	GILMORE, JOYCE	
STREET ADDRESS	865 JELLY BEAN LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	BETTS, JEANNIE	
STREET ADDRESS	1291 WELLS AVE	
CITY-ST-ZIP	CHIPLEY, FLORIDA 32428	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Williams, Bill	
STREET ADDRESS	2 Hwy. 77 N.	
CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	D	☒ Change ☐ Addition
NAME	Fish, P.P.(Pete) C	
STREET ADDRESS	506 S. Waukesha Street	
CITY-ST-ZIP	Bonifay, Florida 32425	
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

(850) 638-7517

Daytime Phone #