

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90128 049 ****61.25

DOCUMENT # 731164

1. Entity Name

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Principal Place of Business

1335 SOUTH BLVD.
 CHIPLEY FL 32428

Mailing Address

1335 SOUTH BLVD.
 CHIPLEY FL 32428

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

Mavis Smith

Mavis Smith, Exec. Director

January 24, 2001

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 **D** ☐ Delete
 NAME **TAYLOR, GEORGE**
 STREET ADDRESS **RT 3 BOX 405**
 CITY-ST-ZIP **WESTVILLE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **STEPHENS, JAMES G.**
 STREET ADDRESS **306 SOUTH 6TH STREET**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **P** ☐ Delete
 NAME **BETTS, JEANNIE**
 STREET ADDRESS **1291 WELLS AVE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ANDERSON, TENCIE MAE**
 STREET ADDRESS **402 E MICHIGAN AVE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WILLIAMS, BILL**
 STREET ADDRESS **2 HWY 77 N**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FISH, P.P.(PETE) C**
 STREET ADDRESS **506 S WAUKESHA ST**
 CITY-ST-ZIP **BONIFAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **GILMORE, JOYCE**
 STREET ADDRESS **865 JELLY BEAN LANE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

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:

Mavis Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mavis Smith, Exec. Director

Date

Daytime Phone #

1/24/01

850-638-7517

CR2E037 (10/00)