

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90725 001 ***122.50

DOCUMENT # 734658

1. Entity Name

PALM BEACH COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
 D/B/A The Arc

Principal Place of Business

Mailing Address

**1201 AUSTRALIAN AVE.
 RIVIERA BEACH FL 33404**

**1201 AUSTRALIAN AVE.
 RIVIERA BEACH FL 33404**

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

59-0883386

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

LAIRD, JOYCE W.

**1201 AUSTRALIAN AVE.
 RIVIERA BEACH FL 33404**

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

TITLE: **VPD** ☐ Delete
 NAME: **KILDAY, KIERAN**
 STREET ADDRESS: **1201 AUSTRALIAN AVE**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

TITLE: **VPD** ☐ Delete
 NAME: **BONSUK, FLORENCE**
 STREET ADDRESS: **1201 AUSTRALIAN AVE**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

TITLE: **TD** ☐ Delete
 NAME: **GRAVETT, ANTHONY**
 STREET ADDRESS: **1201 AUSTRALIAN AVENUE**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

TITLE: **XXX** ☐ Delete
 NAME: **MCMILLAN, ANDREA**
 STREET ADDRESS: **1201 AUSTRALIAN AVE**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

TITLE: **D** ☒ Delete
 NAME: **BLONDI, ANDREA**
 STREET ADDRESS: **1201 AUSTRALIAN AVENUE**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

TITLE: **D** ☐ Delete
 NAME: **LAIRD, JOYCE**
 STREET ADDRESS: **1201 AUSTRALIAN AVE.**
 CITY-ST-ZIP: **RIVIERA BEACH FL 33404**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **Past President, Director** ☒ Change ☐ Addition
 NAME: **Past President, Director**
 STREET ADDRESS: **Past President, Director**
 CITY-ST-ZIP: **Past President, Director**

TITLE: **President Elect, Director** ☒ Change ☐ Addition
 NAME: **President Elect, Director**
 STREET ADDRESS: **President Elect, Director**
 CITY-ST-ZIP: **President Elect, Director**

TITLE: **President, Director** ☒ Change ☐ Addition
 NAME: **President, Director**
 STREET ADDRESS: **President, Director**
 CITY-ST-ZIP: **President, Director**

TITLE: **Secretary, Director** ☐ Change ☒ Addition
 NAME: **Michele M. Poole**
 STREET ADDRESS: **Michele M. Poole**
 CITY-ST-ZIP: **Michele M. Poole**

TITLE: **Secretary, Director** ☐ Change ☒ Addition
 NAME: **Michele M. Poole**
 STREET ADDRESS: **Michele M. Poole**
 CITY-ST-ZIP: **Michele M. Poole**

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 REQUIRED

[Signature] 3/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)