

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90078 043 ****61.25

DOCUMENT # 735685

1. Entity Name

SPARC'S (SPECIAL PEOPLE AIDING RETARDED CITIZENS)

Principal Place of Business

211 S. PROSPECT
 CLEARWATER FL 33756

Mailing Address

211 S. PROSPECT
 CLEARWATER FL 33756-5710

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

59-1697668

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

~~PUTROW, FRANCIS X~~
~~2175 OAK GROVE DR.~~
~~CLEARWATER FL 33764~~

ADE, DOROTHY
1415 BENTLEY ST.
CLEARWATER, FL. 33755

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

Dorothy Ade

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/00

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 **PD** ☒ Delete
 NAME **PUTROW, FRANK**
 STREET ADDRESS **2175 OAK GROVE DR**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **PD** ☐ Change ☒ Addition
 NAME **ADE, DOROTHY**
 STREET ADDRESS **1415 BENTLEY ST.**
 CITY-ST-ZIP **CLEARWATER, FL. 33755**

TITLE **SD** ☐ Delete
 NAME **BOSS, MARGUERITE**
 STREET ADDRESS **2288 HABERSHAM DR**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **MURPHY, DOROTHY**
 STREET ADDRESS **38 REVERE WAY**
 CITY-ST-ZIP **PALM HARBOR, FL. 34684**

TITLE **VD** ☐ Delete
 NAME **WHITE, JEAN**
 STREET ADDRESS **408 PATRICIA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☒ Change ☐ Addition
 NAME **PUTROW, FRANK**
 STREET ADDRESS **2175 OAK GROVE DR.**
 CITY-ST-ZIP **CLEARWATER, FL. 33764**

TITLE **SD** ☒ Delete
 NAME **HEHER, MARY JANE**
 STREET ADDRESS **200 N. BETTY LANE**
 CITY-ST-ZIP **CLEARWATER FL 34615**

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

TITLE **D** ☒ Delete
 NAME **JAUTZ, LUCILE**
 STREET ADDRESS **1475 MORROW DR**
 CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE **TD** ☐ Delete
 NAME **EVENER, ADA**
 STREET ADDRESS **2520 SUNSET PT RD 47**
 CITY-ST-ZIP **CLEARWATER FL 33765**

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:

Dorothy Ade **DOROTHY ADE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

DATE

441-1670

Daytime Phone #