

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736638

1. Entity Name

RESIDENTIAL SERVICES FOR THE RETARDED, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 039 ****70.00

80017662



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1275 N RAINBOW LOOP LECANTO FL 34461 US		Mailing Address 16 NE 5 ST CRYSTAL RIVER FL 34452-4571 US	
2. Principal Place of Business		3. Mailing Address 130 Heights Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Inverness FL	
Zip	Country	Zip	Country
		34452-4571	Citrus
4. FEI Number		5. Certificate of Status Desired	
59-1694606		X \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHESTER V. COLE 1315 N VAN NORTWICK RD LECANTO FL 34461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTON, B.M. JR. 4930 N MAPLE TERRACE HERNANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUPP, IRENE N HWY 491 LECANTO, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMSTRONG, DAN W 58 N ROBINHOOD RD INVERNESS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPFER, ROBERT B 5684 E CARLTON CT INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.M. Whitton, Jr. 1-31-00 352/341-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #