

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736638

1. Entity Name

RESIDENTIAL SERVICES FOR THE RETARDED, INC.

Principal Place of Business

1275 N RAINBOW LOOP
LECANTO FL 34461
US

Mailing Address

130 HEIGHTS AVE
INVERNESS FL 34452
US

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

59-1694606

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

CHESTER V. COLE
1315 N VAN NORTWICK RD
LECANTO FL 34461

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WHITTON, B.M. JR. ☐ Delete
STREET ADDRESS 4930 N MAPLE TERRACE
CITY-ST-ZIP HERNANDO FL

TITLE Vice President ☐ Change ☒ Addition
NAME Dr. Edward Dodge
STREET ADDRESS 8700 E. Ft Cooper Road
CITY-ST-ZIP Inverness FL 34450-7347

TITLE STD ☐ Delete
NAME HUPP, IRENE
STREET ADDRESS N HWY 491
CITY-ST-ZIP LECANTO, FL 00000

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

TITLE Director ☐ Delete
NAME ARMSTRONG, DAN W
STREET ADDRESS 58 N ROBINHOOD RD
CITY-ST-ZIP INVERNESS FL

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

TITLE D ☐ Delete
NAME HEPFER, ROBERT B
STREET ADDRESS 5684 E CARLTON CT
CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

B.M. Whitton, Jr.
President

1/31/01

(352) 341-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0078333

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90036 014 *****70.00

623388



DO NOT WRITE IN THIS SPACE