

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90120 037 ****70.00

DOCUMENT # 736756

1. Entity Name

LEVY COUNTY ASSOCIATION FOR RETARDED CITIZENS, I

Principal Place of Business

**351 SW STATE ROAD 24
 OTTER CREEK FL 32683
 US**

Mailing Address

**P.O. BOX 86
 OTTER CREEK FL 32683
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1688393

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEVY WORK ACTIVITIES CNTR.
 351 SW STATE ROAD 24
 OTTER CREEK FL 32683**

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 **D** ☐ Delete
 NAME **GREENE, REBA**
 STREET ADDRESS **RT. 1, BOX 632**
 CITY-ST-ZIP **MORRISTON FL**

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

TITLE **D** ☒ Delete
 NAME **HAINES, SUSAN**
 STREET ADDRESS **9896 NW 58 ST.**
 CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Bob Williams**
 STREET ADDRESS **923 NE 11th Drive**
 CITY-ST-ZIP **Chiefland, FL 32626**

TITLE **D** ☐ Delete
 NAME **MEEKS, DAVID JR.**
 STREET ADDRESS **2224 N. YOUNG BLVD.**
 CITY-ST-ZIP **CHIEFLAND FL**

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

TITLE **D** ☐ Delete
 NAME **SMITH, CHARLES**
 STREET ADDRESS **3249 NW 69TH TERR**
 CITY-ST-ZIP **BELL FL 32619**

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

TITLE **D** ☐ Delete
 NAME **SCOGGINS, NORMAN**
 STREET ADDRESS **13440 NW 50TH AVE**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE **D** ☐ Delete
 NAME **HALLMAN, WARREN**
 STREET ADDRESS **12631 2ND ST**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

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: **DAVID MEEKS JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

**352-
 463-7406**

CR2E037 (10/00)

2000-2001
LARC BOARD OF DIRECTOR'S DIRECTORY

Attachment
D# 736756
AW1294

David Meeks
P.O. Box 465
Chiefland, Florida 32644
352-493-4958

Charlie Smith
3649 N.W., 67th Terrace
Bell, Florida 32619
352-493-2210
352-463-7174

Bob Williams
923 NE 11th Drive
Chiefland, Florida 32626
352-486-5420
352-493-2385

Norman Scoggins
13440 NW 50th Avenue
Chiefland, Florida 32626
352-493-4263

Warren Hallman, Treasurer
P.O. Box 625
Chiefland, Florida 32644
352-490-9507

Billy Keith
P.O. Box 206
Otter Creek, Florida 32683
352-486-2110
352-332-1493

Dogan Cobb, Ex-Officio
P.O. Box 7
Bronson, Florida 32621
352-486-2583

Kathy McCain
Cedar Key, Florida
352-543-5274