

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736816

1. Entity Name

HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90230 004 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 1372
WAUCHULA FL 33873

P.O. BOX 1372
WAUCHULA FL 33873-1372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1672829

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

MCCOY, MICHAEL J.
1753 DENA CIRCLE
WAUCHULA FL 33873

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	V	<input type="checkbox"/> Delete
NAME	PLATT, ARLEEN	
STREET ADDRESS	RT 1 BOX 100	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, GARY	
STREET ADDRESS	210 S. 9TH AVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITEHURST, EMMA L	
STREET ADDRESS	RT 3 HWY 17	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACKEY, MELINDA	
STREET ADDRESS	612 GREEN ST.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ELNA	
STREET ADDRESS	210 S. 9TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERIN, HERBERT O	
STREET ADDRESS	109 INGLIS WAY	
CITY-ST-ZIP	WAUCHULA FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Platt, Arleen	
STREET ADDRESS	Rt. 1, Box 100	
CITY-ST-ZIP	Zolfo Springs, FL 33890	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GARY MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

863-735-1221

Daytime Phone #

CR2E037 (9/99)