

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736816

1. Entity Name

HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

P.O. BOX 1372
WAUCHULA FL 33873

Mailing Address

P.O. BOX 1372
WAUCHULA FL 33873

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

59-1672829

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOY, MICHAEL J.
1753 DENA CIRCLE
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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

TITLE	D	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMB, LENORA	
STREET ADDRESS	465 HWY 64 E.	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHENY, CHARLES	
STREET ADDRESS	4202 SWEETWATER ROAD	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, WINNIE	
STREET ADDRESS	6850 MT. PISGAH ROAD	
CITY-ST-ZIP	FT. MEADE, FL 33841	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CARLYNNE	
STREET ADDRESS	3674 STATE ROAD EAST	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, KAREN	
STREET ADDRESS	P.O. BOX 1486	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEOD, JOYCE	
STREET ADDRESS	3341 WEST MAIN STREET	
CITY-ST-ZIP	WAUCHULA, FL 33873	

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:

ARLEEN PLATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01 863-735-0158

00022340



DO NOT WRITE IN THIS SPACE

0087436

CR2E037 (10/00)