

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90062 019 ****61.25

DOCUMENT # 736973

1. Entity Name
ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY

Principal Place of Business SHORES ROAD & 760A NOCATEE.FL 33864 BOX 787 NOCATEE FL 33864	Mailing Address SHORES ROAD & 760A NOCATEE.FL 33864 PO BOX 787 NOCATEE FL 34268-0787
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2008900		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent BECK, JOHN N. 1039 S ALLENDALE AVE SARASOTA FL 34237		7. Name and Address of New Registered Agent Name MARY SAVOIE Street Address (P.O. Box Number is Not Acceptable) 7995 SW HIGHWAY 70 City ARCADIA FL Zip Code 34266	
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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 <i>Mary Savoie</i> Signature, typed or printed name of registered agent and title if applicable.	MARY SAVOIE (NOTE: Registered Agent signature required when reinstating)	02/17/00 DATE
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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	DP CREWS, PHYLLIS 5730 SW CARLTON AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAVOIE, MARY 7995 SW HWY. 70 ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEMPENAU, GEORGE 2998 NW HWY 70 ARCADIA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CREWS, PHYLLIS DVP 5730 SW CARLTON AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, EDDIE P.O. BOX 2514 N/A ARCADIA FL 34265 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANAUO, MARLENE 1381 SE LAKE RD ARCADIA FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVOIE, MARY 7995 SW HWY 72 ARCADIA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, EDDIE PO BOX 2514 N/A ARCADIA FL 34265 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DODD, RUTH 208 W GIBSON ARCADIA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOST, KAARE 21028 EXMORE AVE PT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, DENISE PO BOX 1608 N/A ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary Savoie* **MARY SAVOIE, PRESIDENT** **02/17/00** **(863) 494-2328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)