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FILED
Jul 06, 2001 8:00 am
Secretary of State

04-30-2001 90097 007 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # 736973

1. Entity Name

ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY

Principal Place of Business

SHORES ROAD & 760A NOCATEE FL 33864
 PO BOX 787
 NOCATEE FL 33864

Mailing Address

SHORES ROAD & 760A NOCATEE FL 33864
 PO BOX 787
 NOCATEE FL 33864

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **ARC/Desoto**
PO BOX 787
 City & State **NOCATEE FL 33868**
 (863) 494-2328

Suite, Apt. #, etc. **ARC/Desoto**
PO BOX 787
 City & State **NOCATEE FL 33868**
 (863) 494-2328

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2008900

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVOIE, MARY
 7995 SW HIGHWAY 70
 ARCADIA FL 34268

7. Name and Address of New Registered Agent

Name **Phillip Garris**
 Street Address (P.O. Box Number is Not Acceptable)
406 LaSolona

City **Arcadia** FL Zip Code **34266**

8. The above named entity submits this statement for the purpose of establishing 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.

Executive Director **Phillip Garris**DATE **4/17/01**

FILE NOW:
 FEE IS \$81.25

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** Service President ☐ Delete

NAME **SAVOIE, MARY**
 STREET ADDRESS **7995 SW HWY 70**
 CITY-STATE-ZIP **ARCADIA FL 34268**

TITLE **ONE** Secretary ☐ Delete

NAME **CREWS, PHYLLIS**
 STREET ADDRESS **5730 SW CARLTON AVE**
 CITY-STATE-ZIP **ARCADIA FL**

TITLE **ST** ☒ Delete

NAME **ANADO, MARLENE**
 STREET ADDRESS **1381 SE LAKE RD**
 CITY-STATE-ZIP **ARCADIA FL 34265**

TITLE **T** ☒ Delete

NAME **DIAZ, EDDIE**
 STREET ADDRESS **PO BOX 2514 N/A**
 CITY-STATE-ZIP **ARCADIA FL**

TITLE **T** Board Member ☐ Delete

NAME **HOST, KARRIE**
 STREET ADDRESS **21028 EXMORE AVE**
 CITY-STATE-ZIP **PORT CHARLOTTE FL 33852**

TITLE **D** President ☐ Delete

NAME **CROSS, DENISE**
 STREET ADDRESS **PO BOX 1808 N/A**
 CITY-STATE-ZIP **ARCADIA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **D** Treasurer ☐ Change ☒ Addition

NAME **R.E. Bud-Lewis**
 STREET ADDRESS **P.O. Box 1886**
 CITY-STATE-ZIP **Arcadia FL 34266**

TITLE **T** Board Member ☐ Change ☒ Addition

NAME **Jackie Tucker**
 STREET ADDRESS **P.O. Box 2996**
 CITY-STATE-ZIP **Arcadia FL 34266**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(f), 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 lists empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Phillip Garris

DATE **4/17/01** (863) 494-2328

Signature, typed or printed name of signing officer or director

Denise Cross, Pres.

CR25037 (10/00)