

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2002 8:00 am
Secretary of State**

01-31-2002 90181 041 ****61.25

DOCUMENT # 736973

1. Entity Name

**ASSOCIATION FOR RETARDED CITIZENS, DESOTO COUNTY
, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 787
NOCATEE FL 34268****P.O. BOX 787
NOCATEE FL 34268**

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

59-2008900

Applied For

Not Applicable

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

**LEWIS, BUD
3211 S.E. COUNTY RD. 760
ARCADIA FL 34266**

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

Marcia O'Steen

Vice President

2/10/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	CARROLL, CHARLENE	
STREET ADDRESS	1701 E. OAK ST.	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'STEEN, MARCIA	
STREET ADDRESS	223 E. OAK ST., STE. 1	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANGAIGNE, SELWYN	
STREET ADDRESS	23218 DELVAN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, JUDY	
STREET ADDRESS	3057 LOVEJOY ST.	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, BUD	
STREET ADDRESS	3211 S.E. COUNTY RD. 760	
CITY-ST-ZIP	ARCADIA FL 34265	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CROSS, DENISE	
STREET ADDRESS	1006 MAGNOLIA	
CITY-ST-ZIP	ARCADIA FL 34266	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE TUCKER	
STREET ADDRESS	4816 NW COUNTY RD 661	
CITY-ST-ZIP	Arcadia FL 34266	

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:

Marcia O'Steen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 2/10/02 863-993-797

Date

Daytime Phone #

CR2E037 (9/01)