2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # 739315 1. Entity Name THE ARC OF MARTIN COUNTY INC. 01-29-2001 90198 028 ****61.25 Principal Place of Business Mailing Address 1111 S. FEDERAL HWY. P.O. BOX 205 **STE 226** STUART FL 34995 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 2001 SOUTH KANNER 2001 5 AWY KANNER Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-6153484 FL STUART STUART Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MARTIN 34994 MARTIN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDA SIEMER Sienez Street Address (P.O. Box Number is Not Acceptable) SIPMER: LINDA 1444 S. FEDERAL HWY 200/ S KANNOR Hwy HIGHWAY STUART FL 34994 Zip Code FL STUART 34994 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. 1/11/07 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change DAHN, LARRY NAME NAME STREET ADDRESS 3592 SW BININT CIRCLE N STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Delete Change V.P. TITLE TITLE Addition ATLAS, JEFFREY NAME NAME Ed Kotch 4911 SW LAKE GROVE CIRCLE 6005 SE WINDSONGLN Stunnt- Fl -34997-826 STREET ADORESS STREET ADDRESS CITY-ST-ZIP PALM CITY:FL-34990 ----CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition JANESKO, BETTIE NAME NAME 4829 GLENRIDGE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HEMPLE, JO NAME NAME **512 CORTEZ AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34995 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLY, LOIS (COR.) NAME NAME 5145 SE MILES GRANT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition MELOSH, RICHARD NAME NAME STREET ADDRESS 132 S SEWALLS POINT RD STREET ADDRESS CITY-ST-ZIP SEWALLS POINT FL 36996 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR