

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739315

1. Entity Name

THE ARC OF MARTIN COUNTY INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 021 ****70.00

Principal Place of Business

2001 SOUTH KANNER HIGHWAY
 STUART FL 34994
 US

Mailing Address

2001 SOUTH KANNER HIGHWAY
 STUART FL 34994
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6153484**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~SIPMER, LINDA~~ John Gonzalez
 2001 SOUTH KANNER HWY
 STUART FL 34994

7. Name and Address of New Registered Agent

Name John Gonzalez
 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

Lee Ann Moreman, Finance Director
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/14/02
 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	P	<input type="checkbox"/> Delete
NAME	DAHN, LARRY	
STREET ADDRESS	3592 SW BININT CIRCLE N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOTCH, ED	
STREET ADDRESS	6005 SE WINDSONG LANE	
CITY-ST-ZIP	STUART FL 34997-8263	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANESKO, BETTIE	
STREET ADDRESS	4829 GLENRIDGE TRAIL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEMPLE, JO	
STREET ADDRESS	512 CORTEZ AVE	
CITY-ST-ZIP	STUART FL 34995	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, LOIS (COR.)	
STREET ADDRESS	5145 SE MILES GRANT RD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELOSH, RICHARD	
STREET ADDRESS	132 S SEWALLS POINT RD	
CITY-ST-ZIP	SEWALLS POINT FL 38998	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

John Gonzalez
 Signature and Typed or Printed Name of Signing Officer or Director

Admin./
 Pres.

5/14/02
 Date

772-283-2525
 Daytime Phone #

CR2037 (9/01)