

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90972 041 ****61.25

DOCUMENT # N01000009039

1. Entity Name

THE ARCADIA/DESOTO COUNTY REJUVENATION AND BEAUTIFICATION FOUNDATION, INC.

Principal Place of Business

5 N. JOHNSON AVE.
 ARCADIA FL 34266

Mailing Address

5 N. JOHNSON AVE.
 ARCADIA FL 34266

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

X 59-3748113

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 N. BREVARD AVE.
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

10. *Continued* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Vice-President* ☐ Delete
 NAME *Genie Martin*
 STREET ADDRESS *2826 N.W. Second Bunker Ave.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *President* ☐ Change ☐ Addition
 NAME *Adrienne Daly*
 STREET ADDRESS *5 N. Johnson Ave*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *Secretary/Treasurer* ☐ Delete
 NAME *Ruth Blanton*
 STREET ADDRESS *50 El Verano Ave.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *Director* ☐ Change ☐ Addition
 NAME *Fletcher Brown*
 STREET ADDRESS *124 N. Brevard Ave.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *Director* ☐ Delete
 NAME *Dr. Robert Cullam*
 STREET ADDRESS *807 W. Imogene St.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *Director* ☐ Change ☐ Addition
 NAME *Charles Lee*
 STREET ADDRESS *23 N. Polk Ave.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE *Gen. Hank Swindell, M.D.* ☐ Delete
 NAME *502 E. Pine St.*
 STREET ADDRESS *Arcadia, FL 34266*
 CITY-ST-ZIP *Director*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Director* ☐ Delete
 NAME *Ms. Mary Ann Treadwell*
 STREET ADDRESS *941 North Arcadia Ave.*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Director* ☐ Delete
 NAME *Ms. Patsy Symons*
 STREET ADDRESS *P.O. Box 2113*
 CITY-ST-ZIP *Arcadia, FL 34266*

TITLE ☐ Change ☐ 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: *Adrienne Daly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 *(863) 494-4777*
 Date Daytime Phone #

0001842

CR2E037 (9/01)