

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41047

1. Entity Name

ARC Marion-New Hope Foundation, Inc.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90114 028 ****61.25

Principal Place of Business Mailing Address
2800 SE Maricamp Rd 2800 SE Maricamp Rd
Ocala, Fl 34471-5538 Ocala, Fl 34471-5538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246094

Applied For

Not Applicable

Zip

Country

Zip

Country

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

McDonald, Kenneth P
2800 SE Maricamp Rd
Ocala, Fl 34471

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

Kenneth P. McDonald

Kenneth P. McDonald, Exec. Dir.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
p
Hancher, Irene
STREET ADDRESS
1926 SE 37th Ct. Cir.
CITY-ST-ZIP
Ocala, Fl 34471

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

TITLE NAME ☐ Delete
Lillian Waliga
STREET ADDRESS
1970 SE 32nd Lane
CITY-ST-ZIP
Ocala, Fl 34471

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

TITLE NAME ☐ Delete
William E. Chambers, Jr.
STREET ADDRESS
1430 SE 5th Street
CITY-ST-ZIP
Ocala, Fl 34471

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

TITLE NAME ☐ Delete
Kenneth P. McDonald
STREET ADDRESS
2800 SE Maricamp Rd
CITY-ST-ZIP
Ocala, Fl 34471

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

Irene Hancher

Irene Hancher, President 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVilbiss Phone #

CR2E037 (9/99)