

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47089

1. Entity Name

LIBERTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

HWY 12 S
BRISTOL FL 32321
US

Mailing Address

P.O. BOX 85, N/A
BRISTOL FL 32321-0085
US

2. Principal Place of Business

324 E. Main St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3113016

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTHRIE, BENJAMIN S.
RT. 3 BOX 12-K
PEA RIDGE RD
BRISTOL FL 32321

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHULER, O.B.	
STREET ADDRESS	P.O. BOX 85, N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHULER, MARCIA L.	
STREET ADDRESS	P.O. BOX 85, N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUTHRIE, BENJAMIN S.	
STREET ADDRESS	P.O. BOX 85, N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DILLMORE, NANCY S	
STREET ADDRESS	P.O. BOX 85 N/A	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marcia Shuler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/00

Date

643-5599

Daytime Phone #

CR2E037 (9/99)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90004 043 ****70.00



DO NOT WRITE IN THIS SPACE