

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47089

1. Entity Name

LIBERTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

324 E MAIN STREET
BRISTOL FL 32321
US

Mailing Address

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P
SHULER, O.B.
P.O. BOX 85, N/A
BRISTOL FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VPD
SHULER, MARCIA L.
P.O. BOX 85, N/A
BRISTOL FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VPD
GUTHRIE, BENJAMIN S.
P.O. BOX 85, N/A
BRISTOL FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ST
DILLMORE, NANCY S
P.O. BOX 85 N/A
BRISTOL FL 32321

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin S. Guthrie 01/08/01 (850) 643-4960

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90482 008 *****70.00

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DO NOT WRITE IN THIS SPACE

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