

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90207 045 \*\*\*\*61.25

**DOCUMENT # N95000005478**

1. Entity Name

**ARC OF CHARLOTTE COUNTY, INC.**

Principal Place of Business

POST OFFICE BOX ~~3509~~ 495021  
 PORT CHARLOTTE FL 33949 -5021

Mailing Address

POST OFFICE BOX ~~3509~~ 495021  
 PORT CHARLOTTE FL 33949 -5021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0656898**

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

**SLOAN, WALTE DOUGLAS**  
~~18425 HOTTELET CIRCLE~~  
**PORT CHARLOTTE FL 33948**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>V</b> SLOAN, W. DOUGLAS 18425 HOTTELET CIRCLE PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>P</b> MUNGOVAN, ROBERT 2470 PEBBLE CREEK PL PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> SLOAN, MARY 18425 HOTTELET CIRCLE PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>T</b> MARTIN, CINDY 937 TROPICAL AVE PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> BLAYLOCK, JUDITH 18458 INWOOD AVENUE PORT CHARLOTTE FL 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> MUNGOVAN, LINDA 2470 PEBBLE CREEK PL PORT CHARLOTTE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *Cynthia Martin, Secretary* **REQUIRED** *CYNTHIA MARTIN* *1/21/02* *941-743-1988*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)