

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90105 020 \*\*\*\*61.25

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**DOCUMENT # N98000002083**

1. Entity Name

**DISABILITIES & RELIGION PROJECT OF FLORIDA, INC.**

Principal Place of Business

2425 WOODLEY AVENUE  
 LAKELAND FL 33803

Mailing Address

2425 WOODLEY AVENUE  
 LAKELAND FL 33803

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

59-3530979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PARKS, JOHN PAUL  
 C/O WENDEL, CHRITTON & PARKS  
 5300 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **John R. McArthur**

Street Address (P.O. Box Number is Not Acceptable)  
**2425 Woodley Ave.**

City **Lakeland**

FL

Zip Code  
**33803**

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

*John R. McArthur*

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

(NOTE: Registered Agent signature required when reinstating)

**04/23/2001**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BELL, STEPHEN D SR	
STREET ADDRESS	1104 BARTOW ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MCARTHUR, JOHN R	
STREET ADDRESS	2425 WOODLEY AVENUE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWERTON, SARA	
STREET ADDRESS	2637-B HARREL ROAD	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, NANCY E.	
STREET ADDRESS	1020 PALMETTO ST. W	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McArthur, John R.	
STREET ADDRESS	2425 Woodley Ave	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, LINDA	
STREET ADDRESS	4720 OLD HWY 37	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTON, ANNA	
STREET ADDRESS	1319 GLENVIEW LANE	
CITY-ST-ZIP	LAKELAND, FL 33813	
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: *John R. McArthur* John R. McArthur 04/23/2001 (863)682-2578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)