

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90062 008 ***150.00

DOCUMENT # P95000044175

1. Entity Name

AR-30 of Central FL, INC

Principal Place of Business

6837 NE Hwy 17
 Arcadia, FL 34266

Mailing Address

6837 NE Hwy 17
 Arcadia, FL 34266

2. Principal Place of Business

6837 NE Hwy 17
 Suite, Apt. #, etc.

3. Mailing Address

6837 NE Hwy 17
 Suite, Apt. #, etc.

City & State

Arcadia, FL

Zip

34266

Country

Desoto

City & State

Arcadia, FL

Zip

34266

Country

Desoto

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0049193

6. Name and Address of Current Registered Agent

Betty Jo Hawkless
 6837 NE Hwy 17
 Arcadia, FL, 34266

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP Betty Jo Hawkless ☐ Delete
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE DVP CLAIR M Hawkless ☒ Delete
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE T Betty Jo Hawkless ☒ Delete
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE S Betty Jo Hawkless ☒ Delete
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DVP DAVID L. Hawkless ☐ Change ☒ Addition
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE T. JULIA A. DAVIS ☐ Change ☒ Addition
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

TITLE S. JULIA A. DAVIS ☐ Change ☒ Addition
 NAME 6837 NE Hwy 17
 STREET ADDRESS Arcadia, FL, 34266
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Jo Hawkless
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01
 Date

863-494-7300
 Daytime Phone #

CR2E034 (11/00)