

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06132

1. Entity Name

ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, *12*

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 014 ****61.25

Principal Place of Business

~~1101 CANTERBURY RD~~ *2050 CORONET LANE*
CLEARWATER FL 33764
US

Mailing Address

P. O. BOX 6635
CLEARWATER FL 33758
US

2. Principal Place of Business

2050 Coronet Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

Zip

Country

33764

USA

Country

4. FEI Number

59-2466322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROW LAWRENCE D.
1266 SO PINELLAS AVE.
TARPON SPRINGS FL 34689

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

After September 13, 2000 min. will be \$236.25

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 *VD* ☒ Delete
NAME CULBERTSON, CAROL
STREET ADDRESS 1623 FLAGSTONE COURT
CITY-ST-ZIP CLEARWATER FL

TITLE *VD* ☐ Delete
NAME STEINBRUCHEL, ARMANDO
STREET ADDRESS 820 123RD AVENUE
CITY-ST-ZIP TREASURE ISLAND FL

TITLE *P* ☐ Delete
NAME SIMMONS, NANCY
STREET ADDRESS 2050 CORONET LN
CITY-ST-ZIP CLEARWATER FL 33764

TITLE *TD* ☒ Delete
NAME LEWIS, DONALD
STREET ADDRESS 1101 CANTERBURY RD
CITY-ST-ZIP CLEARWATER FL 33764

TITLE *S* ☐ Delete
NAME WATKINS, MARGARET
STREET ADDRESS 6665 10TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE *VD* ☒ Delete
NAME MOSSBERG, AUDREY
STREET ADDRESS 958 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *VD* ☐ Change ☒ Addition
NAME PAT JONES
STREET ADDRESS 1434 HILL DR.
CITY-ST-ZIP LARGO, FL 33770

TITLE *TREASURER* ☒ Change ☐ Addition
NAME STEINBRUCHEL, ARMANDO
STREET ADDRESS 820 123RD AVE
CITY-ST-ZIP TREASURE ISLAND, FL

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

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

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

TITLE ☐ Change ☐ 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:

Nancy Simmons Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-24-00 1275862995

CR2E037 (5/00)