

2001 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED

Feb 15, 2001 8:00 am
Secretary of State

01-17-2001 90085 017 ****61.25

DOCUMENT # N06132

1. Entity Name

ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, ✓

Principal Place of Business

2050 CORONET LA
CLEARWATER FL 33764
US

Mailing Address

P. O. BOX 6635
CLEARWATER FL 33758
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 59-2466322

Applied For

Not Applicable

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

CROW LAWRENCE D.
1268 SO PINELLAS AVE.
TARPON SPRINGS FL 34689

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 ☐ Delete
JONES, PAT
STREET ADDRESS 1434 HILL DR
CITY-ST-ZIP LARGO FL 33770

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

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

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

TITLE NAME ☐ Delete
WATKINS, MARGARET
STREET ADDRESS 6685 10TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☒ Addition
NANCY SIMMONS
STREET ADDRESS 2050 CORONET LANE
CITY-ST-ZIP CLEARWATER, FL 33764

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

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

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

TITLE NAME ☐ Change ☐ Addition
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)(l), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)