

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06132

1. Entity Name

ADVOCATES FOR INSURING RETARDATES ENTITLEMENTS, INC.

Principal Place of Business

Mailing Address

2050 CORONET LA  
CLEARWATER FL 33764  
US

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: PRESIDENT  
NAME: SIMMONS, NANCY  
STREET ADDRESS: 2050 CORONET LANE  
CITY-ST-ZIP: CLEARWATER FL 33764 ☐ Delete

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

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

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

TITLE: DIRECTOR  
NAME: WATKINS, MARGARET  
STREET ADDRESS: 8865 10TH AVE N  
CITY-ST-ZIP: ST PETERSBURG FL 33710 ☐ Delete

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

TITLE: ☐ Delete  
NAME: JOAN D'AURIA  
STREET ADDRESS: 7570 46TH AVE #123  
CITY-ST-ZIP: ST PETERSBURG, FL 33709

TITLE: DIRECTOR  
NAME: JOAN D'AURIA  
STREET ADDRESS: 7570 46TH AVE #123  
CITY-ST-ZIP: St Petersburg, FL 33709 ☐ Change ☒ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

7275862995

Daytime Phone #

2/

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

02-01-2002 90007 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)