

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701197

1. Entity Name

LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED

Principal Place of Business

Mailing Address

1589 METROPOLITAN BLVD.
TALLAHASSEE FL 32308
US

1589 METROPOLITAN BLVD.
TALLAHASSEE FL 32308-3776
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

59-0944330

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

PERSONS, LEWIS JR
1589 METROPOLITAN BLVD.
TALLAHASSEE FL 32308

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 ED ☐ Delete
NAME LINTON, DEBORAH J
STREET ADDRESS 1589 METROPOLITAN BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ~~ED~~ ☒ Change ☐ Addition
NAME Lewis Persons
STREET ADDRESS 1589 Metropolitan Blvd.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE PD ☐ Delete
NAME WILLIAM L. MOOR JR
STREET ADDRESS 1301 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE 32

TITLE PD ☒ Change ☐ Addition
NAME Bruce Menchetti, PhD
STREET ADDRESS 1589 Metropolitan Blvd.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP ☐ Delete
NAME MOOR, WILLIAM L
STREET ADDRESS 1301 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE SD ☐ Delete
NAME WILL BUTLER
STREET ADDRESS 906 N. MONROE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TD ☐ Delete
NAME GLASS, ANN
STREET ADDRESS 310 BLOUNT ST. RM 206
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #