2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9300004694 Jul 11, 2000 8:00 am 1. Entity Name Secrétary of State THE ASSOCIATION OF ADVOCATES FOR THE DISABLED IN 07-11-2000 90176 002 ***150.00 Principal Place of Business Mailing Address 2952 N.E. SAVANNAH RD. 2952 N.E. SAVANNAH RD. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0440118 Not Applicable Country Zip Country \$8.75 Additional -5. Certificate of Status Desired ---Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, GERALD Street Address (P.O. Box Number is Not Acceptable) 2952 N.E. SAVANNAH RD. JENSEN BEACH FL 34957 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSV ☐ Change ☐ Addition TITI F TITLE ☐ Delete MIRANDA, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 2952 N.E. SAVANNAH RD. CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MIRANDA, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 2952 N.E. SAVANNAH RD. CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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. GERALD MIRANDA

HHachment OHF 93000004694 OW 69150



The Association of Advocates for the Disabled, Inc. 2952 N.E. Savannah Rd. Jensen Beach, FL 34957 1-561-334-3366



July 6, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2000 UNIFORM BUSINESS REPORT (UBR)

FEI NUMBER: 65-0440118

DOCUMENT NUMBER: F93000004694

Dear Sirs:

I have enclosed a check for \$150.00 with signed 2000 UNIFORM BUSINESS REPORT.

Please be advised that I did not receive the first notice to file this "2000 Uniform Business Report", but I did receive the one entitled "Second Notice".

Therefore I called your office and was advised that I would only have to pay \$150.00 if I submitted this letter stating that I did not receive the first notice.

Thank you for your kind cooperation.

Very truly yours,

Gerald Miranda

President