

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000004531

1. Entity Name
Advocating Disability Rights, Inc.

Principal Place of Business
815 Middle River DR. Unit 108
Fort Lauderdale, FL 33304

Mailing Address
815 Middle River DR. Unit 108
Ft. Lauderdale, FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

George L. Moxon, Esq.
735 NE 3rd Avenue
Ft. Lauderdale, FL 33304

7. Name and Address of New Registered Agent

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 _____

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director Carlisle E. Wilson 815 Middle River Dr., Unit 108 Ft. Lauderdale, FL 33304

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director Catherine E. Wilson 815 Middle River DR, Unit 108 Ft. Lauderdale, FL 33304

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director George L. Moxon, Esq. 735 NE 3rd Avenue Ft. Lauderdale, FL 33304

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90028 014 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

954.524.4114
3-13-01