

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32968

1. Entity Name

ADVOCATES FOR SHELTER/ACTION POLICY, INC.

Principal Place of Business

Mailing Address

423 11TH AVENUE SOUTH
ST. PETERSBURG FL 33701
US

PO BOX 3910
ST. PETERSBURG FL 33731-3910

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

65-0132187

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

RUSSO, ANTHONY
BAYPORT PLAZA SUITE 1100
6200 COURTENEY CAMPBELL CAUSEWAY
TAMPA FL 33607

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 TD ☐ Delete
NAME FIEL, ROBYN
STREET ADDRESS 265- 126TH AVE
CITY-ST-ZIP TREASURE ISLAND FL 33708

TITLE ☐ Change ☒ Addition
NAME Shirley Martin
STREET ADDRESS 5142 77th Street N.
CITY-ST-ZIP St. Petersburg, FL 33709

TITLE TD ☒ Delete
NAME LETTER, HELEN
STREET ADDRESS 6445 4TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☒ Addition
NAME Carlita Davis
STREET ADDRESS 711 15th Street South #A108
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete
NAME THOMAS L ANDERSON
STREET ADDRESS 9429 122ND AVE N
CITY-ST-ZIP LARGO FL 34643

TITLE ☐ Change ☒ Addition
NAME Shirley Insoft
STREET ADDRESS 8069 13th Ave. South
CITY-ST-ZIP St. Petersburg, FL 33707

TITLE D ☐ Delete
NAME JOE MYERS & ANN MYERS
STREET ADDRESS 17408 GULF BLVD., #1504
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ Change ☒ Addition
NAME Joy Parrish
STREET ADDRESS 6445 4th Ave. North
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE D ☐ Delete
NAME CRUTCHFIELD, COLLEEN
STREET ADDRESS 935 EDEN ISLE DR NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Change ☒ Addition
NAME Jeff Person
STREET ADDRESS 2323 Sunset Way
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE D ☒ Delete
NAME ANDERSON, THOMAS
STREET ADDRESS 9422 122ND AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☒ Addition
NAME Polly Leavengood
STREET ADDRESS 901 Country Club Road
CITY-ST-ZIP St. Petersburg, FL 33710

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:

ROBYN FIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
Date

727-823-5665
Daytime Phone #