

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34054

1. Entity Name

HANDICAP ADVOCACY COUNCIL, INC.

Principal Place of Business

5615 26 ST W
BRADENTON FL 34207

Mailing Address

5615 26 ST W
BRADENTON FL 34207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LITTLE, MELTON, H.
5615 26TH ST. W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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

TITLE D
NAME BEEHLER, DICK
STREET ADDRESS 723 STEPHEN DR
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE VD
NAME MCKAY, P.J.
STREET ADDRESS 4507 9TH ST W L-25
CITY-ST-ZIP BRADENTON FL 34207-1421 ☒ Delete

TITLE D
NAME LITTLE, MELTON H.
STREET ADDRESS 5615 26TH ST W
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE VD
NAME ALLEN, ROBERT
STREET ADDRESS 112 66TH ST CT. EAST
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE D
NAME ALLEN, ARLINE
STREET ADDRESS 112 66TH ST. CT. EAST
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE SD
NAME DOWNS, JESSIE G.
STREET ADDRESS 1508 WATE OAK WAY SOUTH
CITY-ST-ZIP BRADENTON FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D
NAME Aurora Reyes
STREET ADDRESS 4507 9th St. W L-25
CITY-ST-ZIP Bradenton FL 34207 ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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)(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

8-7-00

Date

941-753-2332

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205448

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E037 (5/00)