

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90569 037 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0205448

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

**LITTLE, MELTON, H.
 1910 MANATEE AVENUE WEST
 BRADENTON FL 34205**

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

TITLE ☐ Change ☒ Addition
 NAME **Ex-Dir Dixie Grubbs**
 STREET ADDRESS **5615 26th St W**
 CITY-ST-ZIP **Bradenton Fla 34208**

TITLE ☐ Delete
 NAME **D REYES, AURORA**
 STREET ADDRESS **4507 9TH ST W L-25**
 CITY-ST-ZIP **BRADENTON FL 34207**

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **SD Downs, Jessie G**
 STREET ADDRESS **1309 58th St W**
 CITY-ST-ZIP **Bradenton Fla 34205**

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 REQUIRED (Dixie Grubbs)

4-19-02 941-753-2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)