

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50341

1. Entity Name

FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLED
ADULTS, INC.

Principal Place of Business

14041 ICOT BLVD.
CLEARWATER, FL 33760
US

Mailing Address

14041 ICOT BLVD.
CLEARWATER, FL 33760
US

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

59-3227640

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER, FL 33760

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

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	P/D	<input type="checkbox"/> Delete
NAME	Bernstein, Michael	
STREET ADDRESS	14041 Icot Blvd.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	Fox, Jose	
STREET ADDRESS	5255 N.W. 87th Ave., Suite 400	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	S/T/D	<input type="checkbox"/> Delete
NAME	Landress, Harvey	
STREET ADDRESS	14041 Icot Blvd.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	Smith, Diane	
STREET ADDRESS	3405 N.W. 9th Ave., Suite 1203	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	Shaw, Julie	
STREET ADDRESS	2002 Old St. Augustine Rd., Bldg. A	
CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Harvey Landress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Landress

5/30/00 (727) 538-7460

Date

Daytime Phone #

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90002 008 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)