

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90042 049 ****70.00

DOCUMENT # N50341

1. Entity Name

**FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLE
 D ADULTS, INC.**

Principal Place of Business

Mailing Address

**14041 ICOT BLVD.
 CLEARWATER FL 34620**

**14041 ICOT BLVD.
 CLEARWATER FL 34620**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33760

33760

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33760

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
BERNSTEIN, MICHAEL A. ☐ Delete
14041 ICOT BLVD.
CLEARWATER FL 33760

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
FOX, JOSE ☐ Delete
5255 NW 87TH AVE STE 400
MIAMI FL 33166

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
LANDRESS, HARVEY ☐ Delete
14041 ICOT BLVD
CLEARWATER FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SMITH, DIANE ☐ Delete
3405 N.W. 9TH AVE., SUITE 1203
FT LAUDERDALE FL 33309

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
BROWARD MEDICAL CENTER ☒ Change ☐ Addition
201 E. SAMPLE RD.
POMPANO BEACH, FL 33064

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SHAW, JULIE ☐ Delete
2002 OLD ST AUGUSTINE RD BLDG A
TALLAHASSEE FL 32399

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
4040 ESPLANADE WAY, #180
TALLAHASSEE, FL 32399

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
MICHAEL BERNSTEIN **538-7460**

Date Daytime Phone #

CR2E037 (9/01)