

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003554

1. Entity Name

PEOPLE'S ADVOCACY CENTER FOR TRAINING, INC.

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90005 004 ****70.00

Principal Place of Business

579 E CALL ST
TALLAHASSEE FL 32301
US

Mailing Address

579 E CALL ST
TALLAHASSEE FL 32301-2508
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3195635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOODALL, KAREN
579 E CALL ST
TALLAHASSEE FL 32301

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 | VD | <input type="checkbox"/> Delete |
| NAME | ROMO, MARGARITA | |
| STREET ADDRESS | 37240 LOCKE ST | |
| CITY-ST-ZIP | DADE CITY FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LARAMORE, CYNTHIA | |
| STREET ADDRESS | 1701 PALM GLADE DR | |
| CITY-ST-ZIP | BELLE GLADE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SIMS, DEBORAH | |
| STREET ADDRESS | 6510 NUT HATCH LANE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WOODALL, KAREN | |
| STREET ADDRESS | 579 E CALL ST | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GILBERG, BARBARA D | |
| STREET ADDRESS | 572 E. CALL ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 |
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| 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: *KAREN WOODALL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00 850/222-7607
Date Daytime Phone #

CR2E037 (9/99)