

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005019

1. Entity Name

VOTER ACTION, INC.

Principal Place of Business

307 EAST GULF BLVD.
PANAMA CITY BEACH FL 32413-2675

Mailing Address

307 EAST GULF BLVD.
PANAMA CITY BEACH FL 32413-2675

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

59-3508971

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

EBBERS, FRED J
307 EAST GULF BLVD.
PANAMA CITY BEACH FL 32413-2675

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 PD
NAME EBBERS, FREDERICK J
STREET ADDRESS 307 EAST GULF BLVD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32413-2675

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME HOOD, LEON
STREET ADDRESS 505 W GULF BLVD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE OS
NAME EVERETT, MARTHA
STREET ADDRESS 122 E SONATA CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

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☐ 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

1-19-00 850 234 3317

Date

Daytime Phone #

CR2E037 (9/99)