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03 SEP 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006296

1. Entity Name
STATEWIDE ADVOCACY NETWORK ON DISABILITIES, INC.

Principal Place of Business	Mailing Address
1000 N. ASHLEY DR. STE 513 TAMPA, FL 33602	1000 N. ASHLEY DR. STE 513 TAMPA, FL 33602

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3415063** — 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
WHITESIDE, LAURA L ESQ 1000 N. ASHLEY DR. STE 513 TAMPA, FL 33602	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW. FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILBERT, STEWART	NAME	
STREET ADDRESS	6809 WHITEWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KAMLEITER, MARK S	NAME	
STREET ADDRESS	600 FIRST AVENUE NORTH, STE 206	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 337013609	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANCOCK, RICHARD	NAME	
STREET ADDRESS	11524 MONETTE RD	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLAY, KAREN	NAME	
STREET ADDRESS	502 S FREMONT AVE POST HYDE PK AP	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITEHEAD, NIKOLE	NAME	
STREET ADDRESS	1609 PALACE COURT	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCOTT, JOAN	NAME	
STREET ADDRESS	914 SHADED WATER WAY	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	

700023301924
09/24/03--01020--004 **61.25
CR2E055 (10/02)

JR 9/25

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: Mark S. Kamleiter 09/19/03 (727) 323-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #