

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90085 029 ****61.25

DOCUMENT # N98000004741

1. Entity Name

ACTION ADVOCACY, INC.

Principal Place of Business

2671 EXEC CTR CIR W
 STE 100
 TALLAHASSEE FL 32301
 US

Mailing Address

2671 EXEC CTR CIR W
 STE 100
 TALLAHASSEE FL 32301-5092
 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

59-2824726

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

DYER, JAY
198 WILSHIRE BLVD
CASSELBERRY FL 32707

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**
 NAME **COLLINS, GEORGE**
 STREET ADDRESS **102 E COMMERCIAL RD**
 CITY-ST-ZIP **E PALATKA FL 32177**

☐ Delete

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

TITLE **TD**
 NAME **DYER, JAY**
 STREET ADDRESS **198 WILSHIRE BLVD**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

☐ Delete

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

TITLE **D**
 NAME **HOLLINS, HAROLD**
 STREET ADDRESS **455 APPELYARD DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

☐ Delete

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

TITLE **SD**
 NAME **HULEN, DONNA**
 STREET ADDRESS **2230 NURSERY RD, APT A-3**
 CITY-ST-ZIP **CLEARWATER FL 34624**

☐ Delete

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

TITLE **D**
 NAME **ITZKOWITZ, ELLEN**
 STREET ADDRESS **21850 SW 103RD CT, APT 101**
 CITY-ST-ZIP **MIAMI FL 33190**

☐ Delete

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

TITLE **PD**
 NAME **SATTERWHITE, JOHN**
 STREET ADDRESS **2818 UNIVERSITY SQ. DR., #1804**
 CITY-ST-ZIP **TAMPA FL 33612**

☐ Delete

TITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)