

State of Florida Office of State Treasurer Tallahassee, Florida

FOR OFFICIAL USE

02/23/2001 **/**Ø3399

DEBIT MEMORANDUM

To: DEPARTMENT OF STATE

General Revenue Total

0.00

Trust Total Other Total

1,251.25

0.00

Total ...

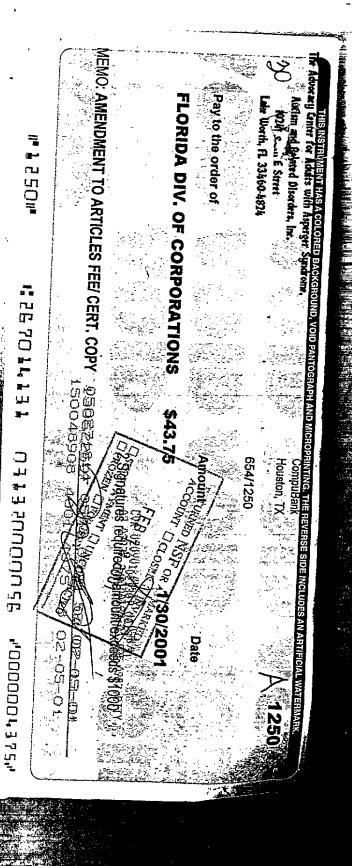
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The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 02/15/2001

State Treasurer



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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 7, 2001

The Advocacy Center for Adults with Asperger Syndrome Autism and Related Disabilites,Inc. 1024 S. E. St. Lake Worth, FL 33460-4824

SUBJECT: THE ADVOCACY CENTER FOR ADULTS WITH ASPERGER SYNDROME, AUTISM AND RELATED DISABILITIES, INC.

Ref. Number: N99000007289

Debit Memo #: 13399-A

This is to inform you that your check #1250 dated January 30, 2001 in the amount of \$43.75 and submitted for THE ADVOCACY CENTER FOR ADULTS WITH ASPERGER SYNDROME, AUTISM AND RELATED DISABILITIES, INC. has been returned to us by your bank because of Nonsufficient funds.

We request that you remit a cashier's check or money order in amount of \$58.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

Letter number: 801A00013971



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 13, 2001

The Advocacy Center for Adults With Asperger Syndrome, Autism and Related Disabilities, Inc. 1024 SE St. Lake Worth, FL 33460-4824

SUBJECT: THE ADVOCACY CENTER FOR ADULTS WITH ASPERGER SYNDROME, AUTISM AND RELATED DISABILITIES, INC. Ref. Number: N99000007289

Debit Memo #: 13399-A

Due to your failure to respond to our previous letter advising you of the returned check #1250, the Amendment for THE ADVOCACY CENTER FOR ADULTS WITH ASPERGER SYNDROME, AUTISM AND RELATED DISABILITIES, INC. has been cancelled and is considered not filed as of April 13, 2001.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely Melinda Lilliston Administrative Assistant II Division of Corporations

Letter Number: 701A00022029