

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90001 001 \*\*\*558.75

**DOCUMENT # P00000114174**

1. Entity Name

**THE ADVOCATE OUTFITTER, CORPORATION**

Principal Place of Business

Mailing Address

1038 SHADY BRIDGE RD  
 LLOYD FL 32337

1699 APALACHEE PKWY. #494  
 TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

3240 Capitol Cr. S.W.

3240 Capitol Cr S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3685253

Applied For

Not Applicable

Zip

32310

Country

Leon

Zip

32310

Country

Leon

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

REBECCA DUNN, ALICE  
 1038 SHADY BRIDGE RD  
 LLOYD FL 32337

Address  
 only →

Name

Alice Rebecca Dunn

Street Address (P.O. Box Number is Not Acceptable)

3240 Capitol Cr. S.W.

City

Tallahassee

FL

Zip Code

32310

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 THERESA L. CROSBY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

8/6/01

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ S ☐ Delete  
 NAME REBECCA DUNN, ALICE  
 STREET ADDRESS 1699 APALACHEE PKWY, #494  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
 NAME President  
 STREET ADDRESS Theresa L. Crosby  
 CITY-ST-ZIP 955 Sunrise Ct  
 WINTER HAVEN, FL 33880

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS DOHERTY-WOOD, COLLEEN  
 CITY-ST-ZIP 501 23 ST  
 ST AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition  
 NAME V-P  
 STREET ADDRESS Rebecca Alice Rebecca Dunn  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME ~~REBECCA DUNN, ALICE~~  
 STREET ADDRESS ~~1699 APALACHEE PKWY~~  
 CITY-ST-ZIP ~~TALLAHASSEE FL 32301~~

TITLE ☐ Change ☐ Addition  
 NAME S  
 STREET ADDRESS Colleen Doherty-Wood  
 CITY-ST-ZIP 501 23 ST  
 St. Augustine FL 32084

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA L. CROSBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01

Date

863-294-5812

Daytime Phone #

CR2E034 (10/00)