

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019531

1. Entity Name

FLORIDA ADVOCACY AND COORDINATION TEAM, INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90034 022 \*\*\*150.00

0438531

Principal Place of Business <del>2189 CLEVELAND ST.</del> 611 Druid Rd <del>STE 2048 - 511</del> CLEARWATER FL 34625 US 33756	Mailing Address <del>2189 CLEVELAND ST.</del> 611 Druid Rd <del>STE 2048 - 511</del> CLEARWATER FL 33765-3225 US 33756
---	--

00056229

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc. Suite 202 511	Suite, Apt. #, etc. Suite 202 511
--------------------------------------	--------------------------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-3174319	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent FRANKLIN, TODD 1215 FERN TERRACE DRIVE SAFETY HARBOR FL 34695	7. Name and Address of New Registered Agent 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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, TODD 1215 FERN TERRACE DR SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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 by the 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 signature is not changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*  
 FRANKLIN, TODD

4/25/01

Date

Daytime Phone #

**SIGN, ENCLOSE  
 CHECK & MAIL**