AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -9 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019531

1. Entity Name

FLORIDA ADVOCACY AND COORDINATION TEAM, INC.

200008314442--6
-10/10/02--01089--005
*****61.50 *****61.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
611 Druid Road	
Suite, Apt. #, etc.: Suite 511	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State
Zip: 33756 Country	Zip Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gregory A. Fox, Esquire

Street Address (P.O. Box Number is Not Acceptable): 28050 U.S. 19 North, Suite 100

City: Clearwater **FL** Zip Code: 33761

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: Gregg A. Fox DATE: 10/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P, T	
Thomas G. Engelke	
611 Druid Road, Suite 511	
Clearwater, FL 33756	
S, D	
Hope Franklin	
611 Druid Road, Suite 511	
Clearwater, FL 33756	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hope Franklin HOPE FRANKLIN, Director 10/1/02 (727)449-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

7/ 10/9/02