

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726954

1. Entity Name

DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90026 048 \*\*\*\*61.25  
09-11-2000 90022 030 \*\*\*\*70.00

Principal Place of Business

4422 E COLUMBUS DR  
TAMPA FL 33605

Mailing Address

4422 E COLUMBUS DR  
TAMPA FL 33605

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

59-1514993

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

JANES, WILLIAM H.  
7000 BEACH PLAZA  
APT. #5  
ST. PETERSBURG FL 33706

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**  
**After September 13, 2000 min. will be \$236.25**

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 NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
T MELFITANO, MICHAEL D.  
101 E. KENNEDY BLVD  
TAMPA FL 33602

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
2nd Vice President

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
D MUNIZ, JULIO, C  
601 BAYSHORE BLVD 645  
TAMPA FL

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
SD WILLIAMS, ROBERT V  
ONE TAMPA CITY CENTER  
TAMPA FL 33602

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
FVP JIM WILMOUTH  
405 NORTH REO STREET, #240  
TAMPA FL 33609

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

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
D DWYER, BRIAN  
1609 W. BRANDON BLVD #105  
BRANDON FL 33511

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
1st Vice President  
Major Gary Terry  
2224 N. Faulkenburg Road  
Tampa FL 33619

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
P MANER, C. MACHELLE  
100 S ASHLEY DR #1000  
TAMPA FL

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

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:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/00

813/276-6811

CR2E037 (5/00)