

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726954

1. Entity Name

DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN

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

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-1514993

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

William H. Janes
Executive Director

04/26/01

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MELFITANO, MICHAEL D. 101 E. KENNEDY BLVD TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MUNIZ, JULIO, C 601 BAYSHORE BLVD 645 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD WILLIAMS, ROBERT V ONE TAMPA CITY CENTER TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FDP JIM WILMOUTH 405 NORTH REO STREET, #240 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D DWYER, BRIAN 1609 W. BRANDON BLVD #105 BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MANER, C. MACHELLE 100 S ASHLEY DR #1000 TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2nd VP Malfitano,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1st VP Major Gary Terry Hills. Co. Sheriff's Office Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Susan G. Casper 111 Madison Street Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 1770 N. 50th Street, 2nd floor Tampa, FL 33619

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Machele Maner
Director

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90092 047 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)