

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 026 ****70.00

DOCUMENT # 726954

1. Entity Name

DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN C.

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

1920 E. HILLSBOROUGH AVE

3. Mailing Address

1920 E HILLSBOROUGH AVE

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33610

Country

HILLSBOROUGH

Zip

33610

Country

HILLSBOROUGH

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

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

7. Name and Address of New Registered Agent

Name

DuWayne E. JOHNSON

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

24634 BLAZING TR. WAY

City

LAND O'LAKE

FL

Zip Code

34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DuWayne E. Johnson

Interim Executive Director

8/30/02

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 STREET ADDRESS CITY-ST-ZIP	2VP MALFITANO, MICHAEL D 101 E. KENNEDY BLVD TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRY, MAJOR GARY HILLS CO. SHERIFF'S OFFICE TAMPA FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT V ONE TAMPA CITY CENTER TAMPA FL 33602	<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	J JIM WILMOUTH 405 NORTH REO STREET, #240 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASPER, SUSAN G 111 MADISON STREET TAMPA FL 33602	<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	D MANER, C. MACHELLE 1770 N 50TH STREET, 2ND FLOOR TAMPA FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDREA WHITE TIME WARNER- 525 GRAND REGENCY BLVD BRANDON FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (4/02)

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:

Andrea M. White 9/13/02 684-6100