2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726954

HILLSBUROUGH

1. Entity Name

DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, IN C.

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

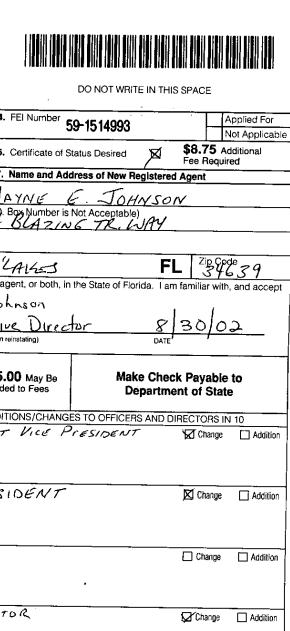
4422 E COLUMBUS DR TAMPA FL 33605

920 E.

4422 E COLUMBUS DR TAMPA FL 33605

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

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



1920 & HILLSBOROUGHAVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Juste 200 City & State City & State 4. FEI Number TAMPA TAMPA Country Zip Country 5. Certificate of Status Desired <u> 3610</u> 33610 116LSBUROUGH HILLS BURDING 19 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAYNE JANES, WILLIAM H. 7000 BEACH PLAZA APT. #5 ST. PETERSBURG FL 33706 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 DuWayne E. Johnson nterin Executive Direc SIGNATURE name of registered agent and title if applicable After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. min. will be \$236,25. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete FIRST VICE PRESIDENT TITI F NAME MALFITANO, MICHAEL D NAME STREET ADDRESS 101 E. KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP 110 TITLE ☐ Delete TITLE PRESIDENT NAME TERRY, MAJOR GARY NAME STREET ADDRESS HILLS CO. SHERIFF'S OFFICE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 CITY-ST-ZIP ☐ Delete TITLE WILLIAMS, ROBERT V NAME NAME STREET ADDRESS ONE TAMPA CITY CENTER STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Delete TITLE DIRECTOR JIM WILMOUTH NAME STREET ADDRESS 405 NORTH REO STREET, #240 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

BRANDON FL 33510 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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZiP -

CITY-ST-7IP

CASPER, SUSAN G

TAMPA FL 33602

TAMPA FL 33619

111 MADISON STREET

MANER, C. MACHELLE

1770 N 50TH STREET, 2ND FLOOR

Delete

WHITE

TIME WARNER - 525 GRAND REGENCY BLUD

SECRETARY

ANDREA

☐ Change

Addition