

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741890

1. Entity Name

PACT, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90061 037 ****70.00

Principal Place of Business

Mailing Address

1111 MCMULLEN BOOTH RD
CLEARWATER FL 33759
US

1111 MCMULLEN BOOTH RD
CLEARWATER FL 33759-3219
US

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

59-1803628

Applied For

Not Applicable

5. Certificate of Status Desired

☒ EX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEDMAN, ROBERT
1111 MCMULLEN BOOTH RD.
CLEARWATER FL 33759

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

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 **ED** ☒ Delete
NAME **ALEXANDER, MARK**
STREET ADDRESS **9826 INDIAN KEY TRAIL**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **PD** ☒ Change ☒ Addition
NAME **Freedman, Robert**
STREET ADDRESS **1612 Farrier Trail**
CITY-ST-ZIP **Clearwater, FL 33765**

TITLE **P** ☒ Delete
NAME **LOGAN, FRANK**
STREET ADDRESS **1035 BAY ESPLANADE**
CITY-ST-ZIP **CLEARWATER FL 33767-1006**

TITLE **CD** ☒ Change ☒ Addition
NAME **Cantonis, James**
STREET ADDRESS **305 Orlando Road**
CITY-ST-ZIP **Belleair, FL 33756**

TITLE **VP** ☒ Delete
NAME **SMOUT, LES**
STREET ADDRESS **2378 ANTHONY AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☒ Change ☒ Addition
NAME **Alpert, Barry**
STREET ADDRESS **239 Bath Club Blvd. N.**
CITY-ST-ZIP **N. Redington Beach, FL 33708**

TITLE **TD** ☒ Delete
NAME **HAMILTON, KEN**
STREET ADDRESS **200 PALM ISLAND N.W.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☒ Change ☒ Addition
NAME **Stone, David**
STREET ADDRESS **2956 Landmark Way**
CITY-ST-ZIP **Palm Harbor, FL 33767**

TITLE **SD** ☒ Delete
NAME **MCHARG, TERRY**
STREET ADDRESS **PO BOX 1088 N/A INNISBROOK RSORT**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **SD** ☒ Change ☒ Addition
NAME **Challener, Robert**
STREET ADDRESS **1741 East Lagoon Circle**
CITY-ST-ZIP **Clearwater, FL 33765**

TITLE **AS** ☒ Delete
NAME **MILLER, LOIS**
STREET ADDRESS **1880 DEL ROBLES TERRACE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **AT** ☒ Change ☒ Addition
NAME **Ross III, William A.**
STREET ADDRESS **125 Devon Drive**
CITY-ST-ZIP **Clearwater, FL 33767**

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: *William A. Ross, III*

WILLIAM A. ROSS, III

2/8/00

(727) 712-2762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)