

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766591

1. Entity Name

BUSINESS ASSISTANCE COUNCIL, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 019 ****61.25

Principal Place of Business

Mailing Address

C/O RAY MACK
2515 COUNTRYSIDE BLV SUITE B
CLEARWATER FL 33763
US

% BAC PRESIDENT
P.O. BOX 703
CLEARWATER FL 33757-0703
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

59-2256978

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

SMITH, JACQUELINE D
1479 S BELCHER RD
STE C
LARGO FL 33771

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 ☒ Delete
NAME MURPHY, KELLY
STREET ADDRESS 13755 U.S. 19 N.
CITY-ST-ZIP CLEARWATER FL

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

TITLE ☒ Delete
NAME MACK, RAYMOND P JR
STREET ADDRESS 2515 COUNTRYSIDE BLVD
CITY-ST-ZIP CLEARWATER FL 33763

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

TITLE ☐ Delete
NAME HAUCK, ROBERT
STREET ADDRESS 8611 SPARTAN CT
CITY-ST-ZIP TAMPA FL

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

TITLE ☒ Delete
NAME SMITH, JACQUELINE D
STREET ADDRESS 1479 S BELCHER RD STE C
CITY-ST-ZIP LARGO FL 33771

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS BENNETT, REGINA V
CITY-ST-ZIP 1201 S HIGHLAND AVE #8
CLEARWATER FL 33756

TITLE ☐ Delete
NAME CLARK, ROBERT
STREET ADDRESS 1002 GROVE ST
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE ☒ Delete
NAME SMITH, JACQUELINE
STREET ADDRESS 1479 S BELCHER ROAD STE C
CITY-ST-ZIP LARGO FL 33771

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

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 of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 727 441-9990
Date Daytime Phone #