

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90308 038 ****61.25

DOCUMENT # 766591

1. Entity Name

BUSINESS ASSISTANCE COUNCIL, INC.

Principal Place of Business

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

Mailing Address

% BAC PRESIDENT
P.O. BOX 703
CLEARWATER FL 34617
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 **D**
STREET ADDRESS **MURPHY, KELLY**
CITY-ST-ZIP **13755 U.S. 19 N.
CLEARWATER FL**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BENNETT, REGINA V**
STREET ADDRESS **1201 S HIGHLAND AVE # 8**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **DANE BOZARTH**
CITY-ST-ZIP **419 CYPRESS VIEW DR.
OLDSMAR, FL 34677**

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 REQUIRED
PAID TREASURER

1/25/01 727-725-9974

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)