

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005610**

1. Entity Name

NATIONAL AWARENESS CAMPAIGN FOR UPPER CERVICAL C**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90020 030 ****61.25

0065966

Principal Place of Business

**5215 COLBERT ROAD
LAKELAND FL 33813**

Mailing Address

**5215 COLBERT ROAD
LAKELAND FL 33813****00004171**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3473661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARRIS, RICHARD L
5215 COLBERT ROAD
LAKELAND FL 33813**

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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
HARRIS, LOUELLA J
5215 COLBERT ROAD
LAKELAND FL 33813**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
HARRIS, RICHARD L
5215 COLBERT ROAD
LAKELAND FL 33813**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
TOMASI, JAMES
1306 WHIPPORWILL
NORMAN OK 73071**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
TOMASI, RHONDA
1306 WHIPPORWILL
NORMAN OK 73071**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
POINTER, SHANE
614 MC CRAISE ROAD
LAKELAND FL 33809**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LoUElla J Harris

Date

Daytime Phone #

1/9/01 863-648-5959

CR2E037 (10/00)