

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90176 046 ****61.25

DOCUMENT # N97000005610

1. Entity Name

**NATIONAL AWARENESS CAMPAIGN FOR UPPER CERVICAL C
 ARE, INC.**

Principal Place of Business

Mailing Address

5215 COLBERT ROAD
 LAKELAND FL 33813

5215 COLBERT ROAD
 LAKELAND FL 33813

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

59-3473661

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

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 **D** ☐ Delete
 NAME **HARRIS, LOUELLA J**
 STREET ADDRESS **5215 COLBERT ROAD**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
 NAME **HARRIS, RICHARD L**
 STREET ADDRESS **5215 COLBERT ROAD**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Delete
 NAME **TOMASI, JAMES**
 STREET ADDRESS **1306 WHIPPOWILL**
 CITY-ST-ZIP **NORMAN OK 73071**

TITLE **D** ☒ Delete
 NAME **TOMASI, RHONDA**
 STREET ADDRESS **1306 WHIPPOWILL**
 CITY-ST-ZIP **NORMAN OK 73071**

TITLE **D** ☒ Delete
 NAME **POINTER, SHANE**
 STREET ADDRESS **614 MC CRAISE ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BOARD MEMBER** ☐ Change ☒ Addition
 NAME **JAMES BURLISON**
 STREET ADDRESS **12108 WENT WORTH PL**
 CITY-ST-ZIP **OKC OK 73170**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition
 NAME **STEVE ATTAWAY**
 STREET ADDRESS **357 OLD JUSTIN RD**
 CITY-ST-ZIP **ARGYLE TX 76224**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition
 NAME **BONITA ATTAWAY**
 STREET ADDRESS **357 OLD JUSTIN RD**
 CITY-ST-ZIP **ARGYLE TX 76224**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 843-648-5759

Date

Daytime Phone #

CR2E037 (9/01)