

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048991

DOCUMENT # N97000005610

1. Entity Name

NATIONAL AWARENESS CAMPAIGN FOR UPPER CERVICAL C
ARE, INC.



FILED

03 MAY -2 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5215 COLBERT ROAD
LAKELAND FL 33813

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HARRIS, RICHARD L
5215 COLBERT ROAD
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE DT
NAME BURLESON, JAMES
STREET ADDRESS 12100 WENT WORTH PL
CITY-ST-ZIP OKLAHOMA CITY OK 73170 ☐ Delete

TITLE DT
NAME ATTAWAY, STEVE
STREET ADDRESS 357 OLD JUSTIN RD.
CITY-ST-ZIP ARGYLE TX 76226 ☐ Delete

TITLE DT
NAME ATTAWAY, BONITA
STREET ADDRESS 357 OLD JUSTIN RD.
CITY-ST-ZIP ARGYLE TX 76226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100017910851
05/02/03--01100--009 **61.25

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 *Richard L. Harris* RECORDED

4/30/03 863-648-5959

CR2E037 (10/02)