

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90079 023 ****61.25

DOCUMENT # N99000001618

1. Entity Name

NACMHCPC PAC, INC.

Principal Place of Business

Mailing Address

**310 E. COLLEGE AVE.
TALLAHASSEE FL 32301**

**P.O. BOX 839
TALLAHASSEE FL 32302-0839**

2. Principal Place of Business

**5521 W CYPRESS ST #
Suite, Apt. #, etc.
200**

3. Mailing Address

**5521 W CYPRESS ST
Suite, Apt. #, etc.
200**

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3564636

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BUTLER, NEIL H
2708 O'HARA COURT
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **WILLIAM MEEKER**
Street Address (P.O. Box Number is Not Acceptable) **5521 W CYPRESS ST # 200**
City **TAMPA** FL Zip Code **33607**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANIER, JAMES	
STREET ADDRESS	P.O. BOX 1004	
CITY-ST-ZIP	ROSWELL GA 30077	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINLEY, GEORGE	
STREET ADDRESS	1501 BELVEDERE RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACHER, TOM	
STREET ADDRESS	2339 BEVILLE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINTON, KENNETH L	
STREET ADDRESS	P.O. BOX 31965	
CITY-ST-ZIP	TAMPA FL 33631-3965	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, LESLIE	
STREET ADDRESS	P.O. BOX 15436	
CITY-ST-ZIP	TAMPA FL 33684	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEEKER, WILLIAM	
STREET ADDRESS	5521 W CYPRESS ST #200	
CITY-ST-ZIP	TAMPA FL 33622	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/01)