

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91002 047 ****61.25

DOCUMENT # N99000006324

1. Entity Name

THE PACT CENTER, INC.

Principal Place of Business

**37100 N HWY 441
 OKEECHOBEE FL 34972**

Mailing Address

**POST OFFICE BOX 17915
 WEST PALM BEACH FL 33415-7915**

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

65-0960041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WITHEROW, MARGARET L
 3152 ROSTAN LANE
 LAKE WORTH FL 33461**

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.

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	MILLER, MARK	
STREET ADDRESS	20 CAMBRIN RD. E	
CITY-ST-ZIP	PALM BEACH GDNS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVANEY, BILL	
STREET ADDRESS	2502 MONACA TERR	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GANT, CARLTON	
STREET ADDRESS	PO BOX 16523	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRETT, TOM	
STREET ADDRESS	8647 HALL BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEEBE, JEFF	
STREET ADDRESS	2614 MOHAWK CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	Pes	<input type="checkbox"/> Delete
NAME	WITHEROW, Richard D.	
STREET ADDRESS	3152 ROSTAN Ln	
CITY-ST-ZIP	LAKE WORTH, FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHEROW, Margaret L.	
STREET ADDRESS	3152 ROSTAN Ln.	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURENCE, David	
STREET ADDRESS	11834 DONLIN DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENCE, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIELLO, Ed	
STREET ADDRESS	912 CASIMAS CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, Bruce	
STREET ADDRESS	402 ANDERSON DR.	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
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:

Richard D. Witherow, Pres

2/27/02 (863) 763-8609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)