

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

0022927

DOCUMENT # 720934

1. Entity Name

FLORIDA COUNSELING ASSOCIATION, INC.

02-14-2001 90001 004 ****61.25

Principal Place of Business

Mailing Address

1280 PALMETTO AVE
~~SUITE G~~
 WINTER PARK FL 32789

P.O. BOX 300457
 FERN PARK FL 32730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7294210

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

SISKIND, JEFF
389 1/2 CLERMONT ROAD
LAKE MARY FL 32746

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 PD Delete
 NAME SHEPARD-TEW, DIANE
 STREET ADDRESS 1016 ALBAMONTE CT
 CITY-ST-ZIP ORLANDO FL 32765

TITLE PD Change Addition
 NAME KATHY ELBEL
 STREET ADDRESS 453 N. BUS IH #320
 CITY-ST-ZIP NEW BRAUNFELS TX 78130-7884

TITLE PD Delete
 NAME MCKINNEY, BEVERLY
 STREET ADDRESS 6577 SUMMERFIELD LOOP
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD Change Addition
 NAME ADRIANA MCEACHERN
 STREET ADDRESS 1431 NE 132 ROAD
 CITY-ST-ZIP NORTH MIAMI FLA 33161

TITLE D Delete
 NAME SISKIND, JEFF
 STREET ADDRESS 3891/2 CLERMONT RD
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME THOMPSON, JUDEAN
 STREET ADDRESS 11465 SEA FURY WAY
 CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 REQUIRED** **FCA** **2/06/01** **407-628-0793**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **AND EXECUTIVE DIRECTOR** Date Daytime Phone #

CRF-037 (10/00)