

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90026 017 \*\*\*\*61.25

0025964

**DOCUMENT # 757465**

1. Entity Name

**EPISCOPAL COUNSELING CENTER OF CENTRAL FLORIDA,**

Principal Place of Business

1021-A EAST ROBINSON ST.  
 ORLANDO FL 32801-2023

Mailing Address

1021-A EAST ROBINSON ST.  
 ORLANDO FL 32801-2023

**D0031434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2110055**

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

**SPENCE, MARJORIE E**  
**956 SW GRIMALDO TERR**  
**PORT SAINT LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name **Sharon F. Jones**

Street Address (P.O. Box Number is Not Acceptable)  
**333 Seabreeze Drive**

City **Melbourne**

**FL**

Zip Code **32903**

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

*Sharon F. Jones*  
 Signature, typed or printed name of registered agent and title if applicable.

**Executive Director**

(NOTE: Registered Agent signature required when reinstating)

*March 19, 2001*  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLER, WALTER M.D.</b>	
STREET ADDRESS	<b>1215 LOUISIANA AVE.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, ANNE</b>	
STREET ADDRESS	<b>130 NORTH MAGNOLIA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DURANEAU, BONNIE D</b>	
STREET ADDRESS	<b>110 E HILLCREST ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDBERG, MICHAEL</b>	
STREET ADDRESS	<b>460 38TH SQUARE SW</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VANCE, MARK</b>	
STREET ADDRESS	<b>50 WEST STRAWBRIDGE AVE.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRUCKART ROBERT, REV</b>	
STREET ADDRESS	<b>2327 ST ANDREW CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	

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		

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon F. Jones*  
**SHARON F. JONES**

*4-2-01*

Date

*407-423-3327*

Daytime Phone #

CR2E037 (10/00)