

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34807

1. Entity Name

COMMUNITY COUNSELING SERVICES OF BOCA, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90021 007 ****61.25

Principal Place of Business

Mailing Address

9400 PALMETTO PARK ROAD
 BOCA RATON FL 33428

9400 PALMETTO PARK ROAD
 BOCA RATON FL 33428-2902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0157932

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

PARROTTA, DENISE L.
 1200 N FEDERAL HWY
 S312
 BOCA RATON FL 33432

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 TD Delete
 NAME ALPERT, EUGENE
 STREET ADDRESS 8566 CASA DEL LAGO
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME JAFFEE, SHEILA
 STREET ADDRESS 7453 CHABLIS LANE
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME JACOBS, SUZANNE
 STREET ADDRESS 22842 IRONWEDGE DRIVE
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS Delete
 NAME LEE, MARY LILL
 STREET ADDRESS 1190 S.W. 19TH ST.
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME ROBIN, ELINOR
 STREET ADDRESS 22362 SW 57 CIR
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MARKS, PAT
 STREET ADDRESS 10116 WINDTREE LN.
 CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
 NAME D Jenkins Arlene
 STREET ADDRESS 6751 Boca Pines Trail
 CITY-ST-ZIP Boca Raton, FL 33433

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: Mary Lill Lee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 (561)482-0269
 Date Daytime Phone #

CR2E037 (9/99)