

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-11-2001 90127 020 ****61.25

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1. Entity Name

CONSUMER DEBT COUNSELORS, INC.

Principal Place of Business

Mailing Address

222 W. COMSTOCK, SUITE 112
WINTER PARK FL 32789

222 W. COMSTOCK, SUITE 112
WINTER PARK FL 32789

2. Principal Place of Business
222 S Pennsylvania

3. Mailing Address
222 S Pennsylvania

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-3548266

Applied For
Not Applicable

Zip Country
32789 USA

Zip Country
32789 USA

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

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO FL 32803

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 PRES
NAME JANAS, GEORGE J JR
STREET ADDRESS 222 W COMSTOCK STE 112
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PRESIDENT
NAME
STREET ADDRESS 222 S Pennsylvania, #100
CITY-ST-ZIP

TITLE SD SEC
NAME GEWOLB, JAY D
STREET ADDRESS 1759 COCOPLUM CT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SECRETARY
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GREENAUER, JOHN
STREET ADDRESS 1867 VERDE WAY
CITY-ST-ZIP ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME Nyles Teicher
STREET ADDRESS 2600 Wild Berry Cove
CITY-ST-ZIP Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
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

GEORGE JANAS 4.6.2001

Date

Definite Phone #

407.599.0057

CR2E037 (10/00)