2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90218 002 ****70.00

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1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FL

766049

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3670 MAGUIRE BLVD., STE. 103 ORLANDO FL 32803	3670 MAGUIRE BLVD., STE. 103 ORLANDO FL 32803

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 59-3608188 ☐ Applied For ☐ Not Applicable

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
LANG, THOMAS F ALLEN, LANG, CUROTTO & PEED, P.A. 14 E. WASHINGTON ST., STE. 600 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESPERANCE, KELLY P.O. BOX 547697 N/A ORLANDO FL 32854-7697	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VICE-CHAIR OF THE BOARD RONALD S. RUBIN 2471 McINTOSH WAY MAITLAND, FL 32751	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BERRY, JOHN L JR P.O. BOX 1000 N/A ORLANDO FL 32802-1000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/PAST CHAIR OF THE BOARD BERRY JOHN L. JR 6649 WESTWOOD BLVD. ORLANDO FL 32821	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC SKAGGS, RICHARD J P.O. BOX 10000 N/A LAKE BUENA VISTA FL 32830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CHAIRMAN OF THE BOARD RICHARD J. SKAGGS 500 NORTH MAGNOLIA AVE, #800 ORLANDO FL 32803	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TAYLOR, THOMAS J MAIL STOP FLALTC 0703 P.O. BOX 153000 ALTAMONTE SPRINGS FL 32715-3000	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/TREASURER GARY D. FISCHER ONE CITRUS BOWL PLAZA ORLANDO FL 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, EVETT 255 S. ORANGE AVE., STE. 1590 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/SECRETARY OF THE BOARD EVERYTHING ELSE OK ON FRANCIS (AT LEFT)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREVATT, BRUCE C 930 W. PARK AVE. TALLAHASSEE FL 32306	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + CHIEF EXECUTIVE OFFICER EDWARD G. RAWA 141 SPRING LANE WINTER PARK FL 32789	☑ Change ☑ Addition

CR2E037 (10/00)

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] EDWARD G. RAWA 4-30-01 407 895-8886