

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730038

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF THE FLORID

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90133 028 ****70.00

Principal Place of Business

5201 W KENNEDY BLVD
STE 110
TAMPA FL 33609
US

Mailing Address

5201 W KENNEDY BLVD. STE 110
TAMPA FL 33609-1816
US

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

59-1556688

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

POTTER, WILLIAM R.
5201 W KENNEDY BLVD
SUITE 110
TAMPA FL 33609

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 SD ☒ Delete
NAME SULLIVAN, SHARON
STREET ADDRESS 4915 W CPYRESS ST, STE. 130
CITY-ST-ZIP TAMPA FL 33607

TITLE SD ☐ Change ☒ Addition
NAME JOHN FRANCO
STREET ADDRESS 1313 TAMPA STREET
CITY-ST-ZIP TAMPA FL 33602

TITLE CD ☒ Delete
NAME LYNCH, WILLIAM F. S
STREET ADDRESS 6160 14TH ST W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME POTTER, WILLIAM R.
STREET ADDRESS 5201 W KENNEDY BLVD, STE 110
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HAMP, EDWARD W. JR.
STREET ADDRESS 3815 N. NEBRASKA AVENUE
CITY-ST-ZIP TAMPA FL

TITLE CD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HAUGABOOK EARL
STREET ADDRESS 702 N. FRANKLIN ST
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME KAREN L. DONAHOE
STREET ADDRESS 9400 56TH ST. NORTH
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-00

Date

813-289-8923

Daytime Phone #

CR2E037 (9/99)