

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90042 032 ****66.25

DOCUMENT # 732101

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORI

Principal Place of Business

Mailing Address

14 PALAFOX PLACE
P.O. BOX 943
PENSACOLA FL 32501
US

P.O. BOX 950
PENSACOLA FL 32594-0950
US

B0011969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14 PALAFOX PLACE
Suite, Apt. #, etc.
P.O. BOX 950

14 PALAFOX PLACE
P.O. BOX 950
PENSACOLA

City & State
PENSACOLA, FL

City & State
FL.

4. FEI Number
52-1242143

Applied For
Not Applicable

Zip
32501 Country
ESCAMBIA

Zip
32501 (STREET ADDRESS) Country
32594-0950 ESCAMBIA

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

SCHLENKER, PATRICK
SACRED HEART HOSPITAL
5151 N 9TH AVE
PENSACOLA FL 32504

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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, L A 1241 TAMARA DR PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHLENKER, PATRICK 5151 N. 9TH AVE PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HENDRIX, ARNOLD 23 S JOHN SIMS PARKWAY VALPARAISO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, BEN W. 3740 MCCLELLAN ROAD PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, BENJAMIN W 3740 MCCLELLAN ROAD PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIASCO, FRANK DR 9759 PICKWOOD DRIVE PENSACOLA FL 32514-1620	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

L. A. MAYGARDEN
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000 (F50) 434-0268
Date Daytime Phone # **X213**

CR2E037 (9/99)