

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90160 027 ****70.00

DOCUMENT # 732101
 1. Entity Name
CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORI

Principal Place of Business 14 PALAFOX PLACE PO BOX 950 PENSACOLA FL 32501 US	Mailing Address 14 PALAFOX PLACE PO BOX 950 PENSACOLA FL 32501 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1242143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John A. ...* **NOTICE REQUIRED** 1-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)