2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735175

1. Entity Name

TELEPHONE COUNSELING AND REFERRAL SERVICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90083 029 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 10950 TALLAHASSEE FL 32302-2950 US	PO BOX 10950 TALLAHASSEE FL 32302-2950 US

DO NOT WRITE IN THIS SPACE

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 51-0201771 ☐ 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
NICKLAUS, RANDALL ~~8720 MANCHESTER CT~~ TALLAHASSEE FL ~~32311~~	Name Street Address (P.O. Box Number is Not Acceptable) 4482 Argyle Lane City **FL** Zip Code 32303

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] Randall S. Nicklaus 4/21/2000
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	SD REGAN, KATHY 894 CASTLETOWER RD TALLAHASSEE FL 32304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Adamson-Landau, Kris 851 E. Park Avenue Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRAHAM, PAM 8412 PINE CONE RD TALLAHASSEE, FL 00000 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Inger, Chris 3038 Stillwood Court Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~STAPINA~~, LEE 514 E GEORGIA TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stepina, Lee	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED NICKLAUS, RANDALL ~~8720 MANCHESTER COURT~~ TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4482 Argyle Lane 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VICKERS, RENN 3021 BROOKMONT DR TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Shady, Lori 2537 Fred George Road, Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Randall S. Nicklaus 4/21/00 (850)681-9131 x247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #