

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90046 002 ***150.00

DOCUMENT # F99000002300

1. Entity Name

AMERICAN CORRECTIVE COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

1150 CALLE CORDILLERA
 SAN CLEMENTE CA 92673

1150 CALLE CORDILLERA
 SAN CLEMENTE CA 92673-6238

2. Principal Place of Business

180 Avenida La PaTa

3. Mailing Address

180 Avenida La Pata

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

San Clemente, CA

City & State

San Clemente, CA

Zip

92673

Country

USA

Zip

92673

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0656885

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

**PARACORP INCORPORATED
 236 EAST 6TH AVE.
 TALLAHASSEE FL 32303**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	MEALING, DONALD R	
STREET ADDRESS	4 VIA OLAS	
CITY-ST-ZIP	SAN CLEMENTE CA 92672	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	MEALING, MARY K	
STREET ADDRESS	4 VIA OLAS	
CITY-ST-ZIP	SAN CLEMENTE CA 92672	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASNEY, LYNN R	
STREET ADDRESS	17 HALSEY AVE.	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLNER, NICK	
STREET ADDRESS	5386 HIDDEN VALLEY CT.	
CITY-ST-ZIP	RENO NV 89502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Don R. Mealing Don R. Mealing

4/17/00 (949) 360-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)