

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000005008**

1. Entity Name

**THE FIRM FOUNDATION MENTAL HEALTH COUNSELING & C**

Principal Place of Business

**5152 LIGHTHOUSE RD  
ORLANDO FL 32808**

Mailing Address

**P O BOX 608436  
ORLANDO FL 32860-8436**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3700349**☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RILEY, VAUGHN K  
5152 LIGHTHOUSE RD  
ORLANDO FL 32808**

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, VAUGHN K</b>	
STREET ADDRESS	<b>5152 LIGHTHOUSE RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, JUANITA L</b>	
STREET ADDRESS	<b>5152 LIGHTHOUSE RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARSON, SHIRLEY</b>	
STREET ADDRESS	<b>4049 BOOKER ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**VAUGHN K. RILEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/7/01**

Date

**407-299-8523**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

028372

CR2E037 (10/00)