

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10735

1. Entity Name

ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90024 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

914 DIXON BOULEVARD  
COCOA FL 32922  
US

P.O. BOX 3767  
COCOA FL 32924-3767  
US

2 Principal Place of Business

3. Mailing Address

516 Delannoy Ave

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2647607

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIRSCHENBAUM, MALCOLM R  
~~914 DIXON BOULEVARD~~  
COCOA FL 32922

516 Delannoy Ave

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 ☐ Delete  
NAME PD  
STREET ADDRESS KIRSCHENBAUM, MALCOLM R  
CITY-ST-ZIP 914 DIXON BOULEVARD  
COCOA FL 32922

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 516 Delannoy Ave  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS DIDOMENICO, PATRICK E  
CITY-ST-ZIP 914 DIXON BOULEVARD  
COCOA FL 32922

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 516 Delannoy Ave  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ERCOLANO, LORRAINE  
CITY-ST-ZIP 914 DIXON BOULEVARD  
COCOA FL 32922

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 516 Delannoy Ave  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowe

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Malcolm R Kirschenbaum  
321-632-4936

Date

Daytime Phone #

CR2E037 (9/99)