

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90001 049 ****61.25

0028417

DOCUMENT # N10735

1. Entity Name

ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2647607

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

KIRSCHENBAUM, MALCOLM R
914 DIXON BOULEVARD
COCOA FL 32922

Name

St

(acceptable)

516 Delannoy Ave

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.

Malcolm R Kirschenbaum
321-632-4936

4/2/01

SIGNATURE

Signature, typed or printed name of registered agent and fee 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 **PD** ☐ Delete
 NAME **KIRSCHENBAUM, MALCOLM R**
 STREET ADDRESS **516 DELANNOY AVE**
 CITY-ST-ZIP **COCOA FL 32922**

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

TITLE **STD** ☐ Delete
 NAME **DIDOMENICO, PATRICK E**
 STREET ADDRESS **516 DELANNOY AVE**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **135 PLANTATION DR**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☐ Delete
 NAME **ERCOLANO, LORRAINE**
 STREET ADDRESS **516 DELANNOY AVE**
 CITY-ST-ZIP **COCOA FL 32922**

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

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 I am not a minor, an individual who is or has been adjudicated incompetent, or an individual who is or has been declared bankrupt. 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/2/01

Malcolm R Kirschenbaum
321-632-4936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)