

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90059 032 \*\*\*\*61.25

**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

Cocoa, FL

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

Name

Street

City

Kirschenbaum, Malcolm R  
 516 Delannoy Ave  
 Cocoa, FL 32922

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	PD	<input type="checkbox"/> Delete
NAME	KIRSCHENBAUM, MALCOLM R	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DIDOMENICO, PATRICK E	
STREET ADDRESS	135 BLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERCOLANO, LORRAINE	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
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		

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		
STREET ADDRESS	135 PLANTATION	
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		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED**

3/13/02

Date

Malcolm R Kirschenbaum  
 321-632-4936

CR2E037 (9/01)