

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90035 035 \*\*\*\*61.25

**DOCUMENT # N17161**

1. Entity Name

**EMMAUS COUNSELING CENTER, INC.**

Principal Place of Business

Mailing Address

2281 LEE ROAD  
 SUITE 203  
 WINTER PARK FL 32789

2281 LEE ROAD  
 SUITE 203  
 WINTER PARK FL 32789-7205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2768475**

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

**HOBBIE, GORDON D.**  
**911 GILLIS COURT**  
**MAITLAND FL 32751**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CASLOW, BRAIN</b>
STREET ADDRESS	<b>2613 TIERRA CIRCLE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOATWRIGHT, JOE</b>
STREET ADDRESS	<b>413 WESTCHESTER</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HOBBIE, GORDON D.</b>
STREET ADDRESS	<b>911 GILLIS CT.</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOCKHART, ANDY</b>
STREET ADDRESS	<b>1649 HIBISCUS AVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PIETKIEWICZ, STAN</b>
STREET ADDRESS	<b>2219 VENETIAN WAY</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, KIM</b>
STREET ADDRESS	<b>2150 LAKE DR.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERALD JONES</b>
STREET ADDRESS	<b>228 MAUREEN DRIVE</b>
CITY-ST-ZIP	<b>SANFORD, FL 32771</b>
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	
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]* **REDAIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)