

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34807

1. Entity Name

COMMUNITY COUNSELING SERVICES OF BOCA, INC.

Principal Place of Business

9400 PALMETTO PARK ROAD
BOCA RATON FL 33428

Mailing Address

9400 PALMETTO PARK ROAD
BOCA RATON FL 33428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0157932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARROTTA, DENISE L.
1200 N FEDERAL HWY
S312
BOCA RATON FL 33432

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 TD ☐ Delete
NAME ALPERT, EUGENE
STREET ADDRESS 8566 CASA DEL LAGO
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME JAFFEE, SHEILA
STREET ADDRESS 7453 CHABLIS LANE
CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ Delete
NAME JACOBS, SUZANNE
STREET ADDRESS 22842 IRONWEDGE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ Delete
NAME LEE, MARY LILL
STREET ADDRESS 1190 S.W. 19TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ Delete
NAME ROBIN, ELINOR
STREET ADDRESS 22362 SW 57 CIR
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME JENKINS, ARLENE
STREET ADDRESS 6751 BOCA PINES TRAIL
CITY-ST-ZIP BOCA RATON FL 33433

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE: *Mary Lill Lee* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 (561) 392-7645

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90372 028 ****61.25

915773



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)