

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36391

1. Entity Name

CHRISTIAN CREDIT COUNSELORS, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90006 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

450 SEMINOLA BLVD  
CASSELBERRY FL 32707

851 SO COAST HWY 101  
ENCINAS CA 92024-4444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2991517

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

MCTAGGART, EDWARD J.  
450 SEMINOLA BLVD  
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

2821 ROUNDABOUT LANE

City ORLANDO

FL

Zip Code 32818

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

5-23-00

**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 MCTAGGART, EDWARD J.  
STREET ADDRESS 2821 ROUNDABOUT LANE  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☒ Delete  
NAME HARTMAN, JAMES D.  
STREET ADDRESS 330 STONER ROAD  
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE D ☐ Delete  
NAME MCTAGGART, SONIA J.  
STREET ADDRESS 2821 ROUNDABOUT LANE  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME LAYERNE RUBENSTEIN  
STREET ADDRESS 1287 PRINCE COURT  
CITY-ST-ZIP HEATHROW FL 32146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME EDWIN HOLT  
STREET ADDRESS 679 CRICKLEWOOD TERRACE  
CITY-ST-ZIP HEATHROW FL 32146

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 empowered.

SIGNATURE:

SIGNATURE RESONATEM STAGGART  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

5-23-00 (760) 635-2715

CR2E037 (9/93)