

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000653

1. Entity Name

CONSUMER CREDIT ASSISTANCE, INC.

Principal Place of Business

Mailing Address

1850 LEE ROAD  
SUITE 330  
WINTER PARK FL 32789

888 BENTLEY GREEN CIRCLE  
WINTER SPRINGS FL 32708

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

59-3177429

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

HOFFMAN, STEVEN  
888 BENTLEY GREEN CIR  
WINTER SPRINGS FL 32708

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

*Steven Hoffman*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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 PDST  
NAME HOFFMAN, STEVEN  
STREET ADDRESS 888 BENTLEY GREEN CIR  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

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

TITLE D  
NAME ABRAHAMS, LAWRENCE ESQ  
STREET ADDRESS 5445 N. SHERIDAN  
CITY-ST-ZIP CHICAGO IL 60645 ☐ Delete

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

TITLE D  
NAME THORNTON, LORI  
STREET ADDRESS 7005 LAREL  
CITY-ST-ZIP SHOKIE IL 60077 ☐ Delete

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

TITLE  
NAME *DEWIS, GARY*  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME *D GARY LEWIS*  
STREET ADDRESS *502 N. 17-92*  
CITY-ST-ZIP *LOW 7 WOOD, FL 32752* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Steven Hoffman* 1/12/01 407 644-4621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90013 008 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)