

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91012 034 ****61.25

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DOCUMENT # N93000004131

1. Entity Name

COUNSELING AND EDUCATION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

313 NE 9TH ST
GAINESVILLE FL 32601
US

313 N.E. 9TH ST
GAINESVILLE FL 32601
US

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

59-3202083

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

FITZPATRICK, FRANCIS P
313 N.E. 9TH ST
GAINESVILLE FL 32601

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 PD ☐ Delete
NAME FAULKNER, LARRY
STREET ADDRESS 3540 SW ARCHER RD, LOR 112
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☒ Addition
NAME LINDA MURRAY
STREET ADDRESS 307 N.E. 9TH ST
CITY-ST-ZIP GAINESVILLE FLA. 32601

TITLE VD ☐ Delete
NAME PEARCE, MARCIA
STREET ADDRESS 818 NW 19TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME ROBERTA RHEA
STREET ADDRESS 2935 N.W. 23RD DR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ~~S~~ ☒ Delete
NAME PEARCE, MARCIA
STREET ADDRESS 818 NW 19TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE ~~VD~~ ☒ Delete
NAME GOLDSMITH, ABIGAIL
STREET ADDRESS 1708 NW 10TH AVE
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE T ☐ Delete
NAME EPPLER, KAREN
STREET ADDRESS 1236 NE 19TH PL
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE TV FRANCIS P. ☐ Delete
NAME FITZ, PATRICK
STREET ADDRESS 313 NE 19TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 (352) 376-7135
Date Daytime Phone #

CR2E037 (10/00)