

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91205 043 ****61.25

DOCUMENT # N93000004131

1. Entity Name

COUNSELING AND EDUCATION ASSOCIATES, INC.

Principal Place of Business

313 NE 9TH ST
 GAINESVILLE FL 32601
 US

Mailing Address

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**

DO NOT WRITE IN THIS SPACE

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

Francis P. Fitzpatrick

4-29-02

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

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

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

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

TITLE ☐ Delete
 NAME **S ROBERT, RHEA**
 STREET ADDRESS **2935 NW 23RD DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☐ Delete
 NAME **BM MURRAY, LINDA**
 STREET ADDRESS **307 NE 9TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **FULL NAME IS FITZPATRICK**
 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 (352) 376-7135

CR2E037 (9/01)