

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000911

1. Entity Name

A NEW HORIZON, COUNSELING SERVICES INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90136 037 \*\*\*\*70.00

Principal Place of Business  
 600 SOUTH FEDERAL HWY  
 214  
 DEERFIELD BCH FL 33441  
 US

Mailing Address  
 600 SOUTH FEDERAL  
 214  
 DEERFIELD BCH FL 33441-4193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. -FEI Number-  
 65-0564008

Applied For  
 Not Applicable

Zip Country

Zip Country

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

MARCUS, STEPHEN D

~~5455 EDGERTON AVE~~

~~LAKE WORTH FL 33463~~

Name

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

600 South Federal Hwy # 214

City Deerfield Beach FL Zip Code 33441

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPS  
 MARCUS, STEPHEN D  
 600 SOUTH FEDERAL HWY STE 214  
 DEERFIELD BCH FL 33441 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 LISBIN, JUDI  
 600 SOUTH FEDERAL HWY STE 214  
 DEERFIELD BCH FL 33441 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DC  
 MARCUS, HAROLD  
 600 SOUTH FEDERAL HWY STE 214  
 DEERFIELD BEACH FL 33441 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ADD  
 Rene O. Cannoto  
 600 South Federal Hwy, Suite 214  
 Deerfield Beach, FL 33441 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 HERNANDEZ, DAVID  
 210 UNIVERSITY DR #502  
 CORAL SPRINGS FL 33071 ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000911  
Corporation Name

A. NEW HORIZON, COUNSELING SERVICES INC.

PL 3/16/99  
#5475  
Attachment  
00034264  
HA 95000000911

Place of Business  
SOUTH FEDERAL HWY  
BCH FL 33441

Mailing Address  
5455 EDGERTON AVE  
LAKE WORTH FL 33463

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26. 600 South Federal	02/24/1995
City & State	27. 214	4. FEI Number
Zip	28. Deerfield Beach, FL	65-0564008
Country	29. 33441	Applied For
25. 33441	30. U.S.A.	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
MARCUS, STEPHEN D		X
5455 EDGERTON AVE		\$8.75 Additional Fee Required
LAKE WORTH FL 33463		6. Election Campaign Financing
		Trust Fund Contribution
		5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		

MARCUS, STEPHEN D  
5455 EDGERTON AVE  
LAKE WORTH FL 33463

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. Ste 214	
84. City	
Deerfield Beach	FL 33441

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DPS MARCUS, STEPHEN D 5455 EDGERTON AVE LAKE WORTH FL 33463	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
D USBIN, JUDI 5455 EDGERTON AVE LAKE WORTH FL 33463	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
DC MARCUS, HAROLD 5455 EDGERTON AVE LAKE WORTH FL 33463	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
D HERNANDEZ, DAVID 210 UNIVERSITY DR #502 CORAL SPRINGS FL 33071	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/16/99 (954) 420-0402