

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000399

1. Entity Name

FOREST HILL COUNSELING CENTER, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90106 036 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3101 FOREST HILL BLVD  
WEST PALM BEACH FL 33406

PO BOX 18745  
WEST PALM BEACH FL 33416-8745

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

65-0676717

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

SILVERNAIL, DARLENE  
3101 FOREST HILL BLVD  
WEST PALM BEACH FL 33406

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVERNAIL, DARLENE	
STREET ADDRESS	5719 ITHACA CIRCLE EAST	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, BARBARA	
STREET ADDRESS	3573 BARCLAY CRESCENT RD	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARR, JIM	
STREET ADDRESS	1195 MANGO RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUCKS, MYRA	
STREET ADDRESS	418 NORTH O STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B. White	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3573 Barclay Rd	
STREET ADDRESS	LAKE WORTH FL 33460	
CITY-ST-ZIP		
TITLE	Darlene Silvernail	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5719 ITHACA CIRCLE E	
STREET ADDRESS	LAKE WORTH FL 33463	
CITY-ST-ZIP		
TITLE	Brenda Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1225 N Military Tr	
STREET ADDRESS	WPB FL 33409	
CITY-ST-ZIP		
TITLE	CARR JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1195 MANGO RD	
STREET ADDRESS	WPB FL 33415	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is a true and accurate statement of the current status of the entity and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the entity.

CR2E037 (9/99)