

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003457**

1. Entity Name

PROFESSIONAL COUNSELING CENTER INC.

Principal Place of Business

1301 N.E. 14TH ST.
OCALA FL 34470

Mailing Address

1301 N.E. 14TH ST.
OCALA FL 34470-4641

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3444041

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SHOOK, JAMES A**
1301 N.E. 14TH ST.
OCALA FL 34470**7. Name and Address of New Registered Agent**

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 \$61.259. 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 ☐ Delete
NAME **DP**
STREET ADDRESS **HORAN, JOHN M**
CITY-ST-ZIP **1975 S.E. 34TH ST.**
OCALA FL 34471TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HORAN, MARIA L**
CITY-ST-ZIP **3501 N.E. 10TH ST.**
OCALA FL 34471TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **WILSON, JUDY**
CITY-ST-ZIP **721 N.E. 3RD ST.**
OCALA FL 34470TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HENNESSY, CAROLE**
CITY-ST-ZIP **3130 S.W. 27TH AVE.**
OCALA FL 34474TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DECK, JAMES D**
CITY-ST-ZIP **111 SE 25TH AVE**
OCALA FL 34471TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

James A. Shook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-00 752-401-9967

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)