

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90016 031 ****61.25

DOCUMENT # N97000006497

1. Entity Name

THE CREDIT COUNSELING FOUNDATION, INC.

Principal Place of Business f/k/a AMERICAN CREDIT AND DEBT MANAGEMENT, INC.	Mailing Address f/k/a AMERICAN CREDIT AND DEBT MANAGEMENT, INC.
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C0032869

2. Principal Place of Business 3350 NORTHWEST 53RD STREET	3. Mailing Address 3350 NORTHWEST 53RD STREET
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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
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City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
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Zip 33309	Country USA	Zip 33309	Country USA
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4. FEI Number 31-1588295	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSHEN HADULLA
1864 MONTE CARLO WAY
CORAL SPRINGS, FLORIDA 33071

7. Name and Address of New Registered Agent

Name BERNARD A. SINGER, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 4925 SHERIDAN STREET, SUITE A
City HOLLYWOOD, FLORIDA
Zip Code FL 33021

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

2/24/01

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 NAME STREET ADDRESS CITY - ST - ZIP	PD HADULLA, ROSHEN 1864 MONTE CARLO WAY CORAL SPRINGS, FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAN DIEN, JACK 562 TYNER WAY - PO BOX 7627 INCLINE VILLAGE, NV 89452 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EPSTEIN, LINDA 2920 NW 41ST ST BOCA RATON, FL 33434 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHROFF, ZARIN 1864 MONTE CARLO WAY CORAL SPRINGS, FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEVIN THOMAS 3350 NORTHWEST 53RD STREET FORT LAUDERDALE, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCOT GREVE 3350 NORTHWEST 53RD STREET FORT LAUDERDALE, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MICHAEL NELSON 3350 NORTHWEST 53RD STREET FORT LAUDERDALE, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESLIE L. COONEY 3350 NORTHWEST 53RD STREET FORT LAUDERDALE, FLORIDA 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARL LAKOSKY 3350 NORTHWEST 53RD STREET FORT LAUDERDALE, FL 33309 ☐ Change ☒ Addition
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

KEVIN THOMAS, PRESIDENT

Date

Daytime Phone #

2/24/01

(954) 985-8600