

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90077 008 ****61.25

DOCUMENT # N97000006590

1. Entity Name

ASSOCIATION FOR COMMUNITY COUNSELING, INC.

Principal Place of Business

4723 W ATLANTIC AVE
DELRAY OFFICE PLAZA, STE A-10
DELRAY BEACH FL 33445

Mailing Address

4723 W ATLANTIC AVE
DELRAY OFFICE PLAZA, STE A-10
DELRAY BEACH FL 33445

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

65-0798757

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

SACHAROW, HELENE
2560 RIVIERA DRIVE
DELRAY BEACH FL 33445

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 Heleene SACHAROW

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

Heleene Sacharow

(NOTE: Registered Agent signature required when reinstating)

4-4-01

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 PD ☒ Delete
NAME ROBINSON, JANE
STREET ADDRESS 127 VENTOR I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
NAME PD Linda Hunter
STREET ADDRESS 2773 S. OCEAN BLVD
CITY-ST-ZIP PALM Bch, FL 33480

TITLE VD ☐ Delete
NAME NUSSBAUM, LLOYD
STREET ADDRESS 15286 W TRANQUILITY DR
CITY-ST-ZIP DELRAY BEACH FL 33446

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

TITLE SD ☒ Delete
NAME SHERMAN, MONA
STREET ADDRESS 20508 SAUSALITO DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE SD ☒ Change ☐ Addition
NAME MARGIE MASONBERG
STREET ADDRESS 7086 GRASSY BAY DR.
CITY-ST-ZIP W. PALM Bch, FL 33411

TITLE TD ☐ Delete
NAME SACHAROW, HELENE
STREET ADDRESS 2560 RIVIERA DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Anthony Berardo Anthony Berardo 4/4/01 561-637-7829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)