

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90086 027 ****61.25

DOCUMENT # N97000006590

1. Entity Name

ASSOCIATION FOR COMMUNITY COUNSELING, INC.

Principal Place of Business

Mailing Address

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

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.

A-5

Suite, Apt. #, etc.

A-5

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 **ANTHONY BERARDO**

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

14210 Nesting Way

City **DELRAY BEACH**

FL

Zip Code **33484**

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

ANTHONY BERARDO

Anthony Berardo

3/24/2002

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 **PD** ☒ Delete
 NAME **HUNTERS, LINDA**
 STREET ADDRESS **S OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PD** ☒ Change ☐ Addition
 NAME **TAMARA MITCHEL**
 STREET ADDRESS **7597 CINEBAR DR.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **ANTHONY BERARDO**
 STREET ADDRESS **14210 Nesting Way**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **SD** ☒ Delete
 NAME **SHERMAN, MONA**
 STREET ADDRESS **7086 GRASSY BAY DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MARGIE MASON BERRY**
 STREET ADDRESS **7086 GRASSY BAY DR**
 CITY-ST-ZIP **W.P.B. 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
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TITLE ☐ Delete
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 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** **3/24/2002** **561-637-7829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)