

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001707

1. Entity Name

A FAMILY BUDGET COUNSELING, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90419 023 \*\*\*\*75.00

Principal Place of Business

Mailing Address

3410-B N. HARBOR CITY BLVD.  
MELBOURNE FL 32935  
US

3410-B N. HARBOR CITY BLVD.  
MELBOURNE FL 32935-5743  
US

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

11-3408606

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KOENIG, CHRISTINA  
118 5TH AVE.  
LEHIGH ACRES FL 33936

## 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

*Christina Koenig, Pres & Director & Treas*

*4/18/00*

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	T	<input type="checkbox"/> Delete
NAME	KOENIG, CHRISTINA	
STREET ADDRESS	118 5TH AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FARINELLA, DIANE	
STREET ADDRESS	173 EAST DRIVE	
CITY-ST-ZIP	NOMASSADEQUA NY 11758	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FARINELCA, CAROL	
STREET ADDRESS	80 ALPINE WAY	
CITY-ST-ZIP	HUNT NY 11746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
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	
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 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

*Christina Koenig*

Date

Daytime Phone #

*4/18/00*

*907-253-6900*

CR2E037 (9/99)