

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002997

1. Entity Name

BEEN THERE-DONE THAT COUNSELING, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90166 050 ****61.25

Principal Place of Business

Mailing Address

5 SOUTH IVEY LANE
ORLANDO FL 32811

5 SOUTH IVEY LANE
ORLANDO FL 32811-4223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNETT, JOHN C
5 SOUTH IVEY LANE
ORLANDO FL 32811

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 \$61.25

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
NAME BURNETT, JOHN C
STREET ADDRESS 5 SOUTH IVEY LANE
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE SD
NAME JONES, BETTY
STREET ADDRESS 1146 GRAHAM AVENUE
CITY-ST-ZIP HOLLYHILL FL 32127 ☒ Delete

TITLE
NAME HILL, JUANITA
STREET ADDRESS 1120 BAKER STREET
CITY-ST-ZIP Leesburg, FLA. 34748 ☐ Change ☒ Addition

TITLE TD
NAME WEATHERS, NATHANIEL SR.
STREET ADDRESS 4519 ARCH STREET
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE
NAME GREEN, DEMETRIA
STREET ADDRESS 209 TOMATO HILL ROAD
CITY-ST-ZIP Leesburg, FLA. 34748 ☐ Change ☒ Addition

TITLE D
NAME COUNCIL, KEITH
STREET ADDRESS 4900 LENOX BOULEVARD
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE
NAME BENNETT, Robin
STREET ADDRESS 2213 LEHARVE BLVD
CITY-ST-ZIP Orlando, FL 32808 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SCOTTIE BECKETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (407) 299-1718
Date Daytime Phone #

CR2E037 (9/99)