

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004054

1. Entity Name

COMMUNITY COUNSELING CENTER, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90194 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4815 E LAKE DR  
 WINTER SPRINGS FL 32708

4815 E LAKE DR  
 WINTER SPRINGS FL 32708-4606

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

59-3467168

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

WISE, CHARLES A  
 4815 E LAKE DR  
 WINTER SPRINGS FL 32708

Name **RICHARD P. WHITE**

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

**4815 E. LAKE DR.**

City **WINTER SPRINGS**

**FL**

Zip Code **32708**

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 **CHARLES WISE**

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

**White, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/10/00**

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 **D** ☐ Delete  
 NAME **WHITE, RICHARD P**  
 STREET ADDRESS **4815 E LAKE DR**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Change ☒ Addition  
 NAME **WHITE, MEGAN A.**  
 STREET ADDRESS **4815 E. LAKE DR.**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Delete  
 NAME **HEUSLIN, BOB**  
 STREET ADDRESS **4815 E LAKE DR**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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 ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/00**

DATE

**(407) 899 9070**

Daytime Phone #

CR2E037 (9/99)