

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004054****1. Entity Name**
COMMUNITY COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
4815 E LAKE DR	4815 E LAKE DR
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708

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
59-3467168Applied 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 AgentWHITE RICHARD P
4415 E LAKE DRIVE

WINTER SPRINGS FL 32708 US**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 _____ **08/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D <input type="checkbox"/> Delete
NAME	WHITE MEGAN A
STREET ADDRESS	4815 E LAKE DRIVE
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D <input type="checkbox"/> Delete
NAME	HEUSLIN BOB
STREET ADDRESS	4815 E LAKE DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE RICHARD P
STREET ADDRESS	4815 E LAKE DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Richard P. White Pres **08/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)