

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90029 044 ****61.25

DOCUMENT # N99000003218

1. Entity Name

DEBT MANAGEMENT CREDIT COUNSELING CORP.

Principal Place of Business

Mailing Address

23123 STATE ROAD 7 STE. 305
BOCA RATON FL 33428

23123 STATE ROAD 7 STE. 340
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

700 Banyan Trail
Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State

4. FEI Number

65-0923483

Applied For

Not Applicable

Zip
33431

Country

U.S.A.

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

PELLEGRINO, KAREN
23123 STATE ROAD 7 STE. 305
BOCA RATON FL 33428

Name

Bonnie L. Canty

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

700 Banyan Trail, Suite 200

City

Boca Raton

FL

Zip Code
33431

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 By: Bonnie L. Canty Bonnie L. Canty, Executive Director April 16, 2001

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 ☐ Delete
NAME D
STREET ADDRESS LANE, JAMES
CITY-ST-ZIP 4004 N.W. 62ND COURT
COCONUT CREEK FL 33073

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BYRNSIDE, RICHARD
CITY-ST-ZIP 4004 N.W. 62ND COURT
COCONUT CREEK FL 33073

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PELLEGRINO, KAREN
CITY-ST-ZIP 1013 GREEN PINE BLVD.
WEST PALM BEACH FL 33409

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WALTER, FATHER CHARLES
CITY-ST-ZIP 2205 S CONGRESS BEND DRIVE # 804
POMPANO BEACH FL 33069

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: By: Bonnie L. Canty Bonnie L. Canty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 (561)

Date

Daytime Phone #

CR2E037 (10/00)