

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

2/18

02-18-2003 90114 036 ***150.00

DOCUMENT # N99000003218

1. Entity Name

DEBT MANAGEMENT CREDIT COUNSELING CORP.



Principal Place of Business

**700 BANYAN TRAIL
SUITE 200
BOCA RATON FL 33431**

Mailing Address

**700 BANYAN TRAIL
SUITE 200
BOCA RATON FL 33431**

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 **65-0923483**

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

**CANTY, BONNIE L
700 BANYAN TRAIL
SUITE 200
BOCA RATON FL 33431**

Name **Michael W. Ullman**

Street Address (P.O. Box Number is Not Acceptable)
150 East Palmetto Park Road

Suite 650

City **Boca Raton**

FL

Zip Code
33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **DS** ☒ Delete
NAME **BREININ, IRWIN**
STREET ADDRESS **250 S.E. MIZNER BLVD, #501**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **DT** ☒ Delete
NAME **DEUTSCH, GERALD**
STREET ADDRESS **700 BANYAN TRAIL, SUITE 200**
CITY-ST-ZIP **BOCA RATON FL 33431**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
NAME **Alexandra deErney Rudman**
STREET ADDRESS **1230 Spanish River Road**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **D VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3033 Marbella Court**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Thomas LoConte**
STREET ADDRESS **1114 Greenpine Blvd, # H2**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **DP** ☐ Change ☒ Addition
NAME **Wayne Joseph Jarvis**
STREET ADDRESS **777 Jeffrey Street, #402**
CITY-ST-ZIP **Boca Raton, FL 33487**

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

2/26/03

Date

561-981-0132

Daytime Phone #

CR2E037 (10/02)