

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005713

1. Entity Name

COMMUNITY COUNSELING CENTER, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90080 031 ****61.25

Principal Place of Business

1148 JUNIPER CREEK CT.
ALTAMONTE SPRINGS FL 32714-1820

Mailing Address

PO BOX 161585
ALTAMONTE SPRINGS FL 32714-1820
FL 32716-1585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3601393

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

HUNGERFORD, CORRIE
1148 JUNIPER CREEK CT.
ALTAMONTE SPRINGS FL 32714-1820

-President

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	Vice-President	<input type="checkbox"/> Delete
NAME	Teresa M. Chmelir	
STREET ADDRESS	439 Netherwood Crescent	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	Board of Directors - member	<input type="checkbox"/> Delete
NAME	Joy Brophy	
STREET ADDRESS	415 Mead St	
CITY-ST-ZIP	Orlando, FL 32765	
TITLE	Board of Directors - member	<input type="checkbox"/> Delete
NAME	Darryl Schalk	
STREET ADDRESS	827 Maxwell St	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	Board of Directors - member	<input type="checkbox"/> Delete
NAME	Terry Speicher	
STREET ADDRESS	2262 King James Ct	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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)(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: Corrie L Hungerford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-291-8009

CR2E037 (9/99)