2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90218 002 ****70.00

DOCUMENT # N99000006458

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FL

Principal Place of Business
3670 MAGUIRE BLVD., STE. 103
ORLANDO FL 32803

Mailing Address
3670 MAGUIRE BLVD., STE. 103
ORLANDO FL 32803

766049

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3608188 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, THOMAS F
ALLEN, LANG, CUROTTO & PEED, P.A.
14 E. WASHINGTON ST., STE. 600
ORLANDO FL 32801

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 _____
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

TITLE	D	☑ Delete
NAME	LESPERANCE, KELLY	
STREET ADDRESS	P.O. BOX 547697 N/A	
CITY-ST-ZIP	ORLANDO FL 32854-7697	
TITLE	DC	☐ Delete
NAME	BERRY, JOHN L JR	
STREET ADDRESS	P.O. BOX 1000 N/A	
CITY-ST-ZIP	ORLANDO FL 32802-1000	
TITLE	DVC	☐ Delete
NAME	SKAGGS, RICHARD J	
STREET ADDRESS	P.O. BOX 10000 N/A	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	DS	☑ Delete
NAME	TAYLOR, THOMAS J	
STREET ADDRESS	MAIL STOP FLALTC 0703 P.O. BOX 153000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715-3000	
TITLE	D	☐ Delete
NAME	FRANCIS, EVETT	
STREET ADDRESS	255 S. ORANGE AVE., STE. 1590	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☑ Delete
NAME	PREVATT, BRUCE C	
STREET ADDRESS	930 W. PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32306	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVICE-CHAIR OF THE BOARD	☐ Change ☑ Addition
NAME	RONALD S. RUBIN	
STREET ADDRESS	2471 McINTOSH WAY	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DPAST CHAIR OF THE BOARD	☑ Change ☐ Addition
NAME	BERRY, JOHN L. JR	
STREET ADDRESS	6649 WESTWOOD BLVD.	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	DCHAIRMAN OF THE BOARD	☑ Change ☐ Addition
NAME	RICHARD J. SKAGGS	
STREET ADDRESS	800 NORTH MAGNOLIA AVE, #800	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DTREASURER	☐ Change ☑ Addition
NAME	GARY D. FISCHER	
STREET ADDRESS	ONE CITRUS BOWL PLAZA	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DSECRETARY OF THE BOARD	☑ Change ☐ Addition
NAME	EVERYTHING ELSE OK ON FRANCIS (AT LEFT)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT + CHIEF EXECUTIVE OFFICER	☐ Change ☑ Addition
NAME	EDWARD G. RAWA	
STREET ADDRESS	141 SPRING LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	

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: Edward G. Rawa EDWARD G. RAWA 4-30-01 407 895-8886

CR2E037 (10/00)