

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90210 020 \*\*\*\*70.00

**DOCUMENT # N99000006458**

1. Entity Name

**CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FLORIDA AND THE FLORIDA SUNCOAST, INC.**

Principal Place of Business

Mailing Address

3670 MAGUIRE BLVD., STE. 103  
 ORLANDO FL 32803

3670 MAGUIRE BLVD., STE. 103  
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

ORANGE

ORANGE

TOTAL DUE = 10978831



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

NA

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **DVCB** ☐ Delete  
 NAME **RUBIN, RONALD S**  
 STREET ADDRESS **2471 MCINTOSH WAY**  
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **DCOB** ☒ Delete  
 NAME **BERRY, JOHN L JR**  
 STREET ADDRESS **6649 WESTWOOD BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **DVCB** ☒ Change ☐ Addition  
 NAME **MARILYN NEWELL**  
 STREET ADDRESS **3660 MAGUIRE BLVD., SUITE 315**  
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **DCOB** ☐ Delete  
 NAME **SKAGGS, RICHARD J**  
 STREET ADDRESS **800 NORTH MAGNOLIA AVE # 800**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **525 WEST YALE ST.**  
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **DT** ☒ Delete  
 NAME **FISCHER, GARY D**  
 STREET ADDRESS **ONE CITRUS BOWL PLAZA**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **DT R.** ☒ Change ☐ Addition  
 NAME **CARL WILLIAMS**  
 STREET ADDRESS **526 GREENBAIER AVE.**  
 CITY-ST-ZIP **CELEBRATION, FLORIDA 34747**

TITLE **DSOB** ☐ Delete  
 NAME **FRANCIS, EVETT**  
 STREET ADDRESS **255 S. ORANGE AVE., STE. 1590**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **PCEO** ☐ Delete  
 NAME **RAWA, EDWARD G**  
 STREET ADDRESS **141 SPRING LANE**  
 CITY-ST-ZIP **WINTER PARK FL 32781**

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

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** 09-06-02 8886 X223

CR2E037 (4/02)