

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90261 001 ****70.00

DOCUMENT # N99000006458

1. Entity Name

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



Principal Place of Business

**3670 MAGUIRE BLVD., STE. 103
ORLANDO FL 32803**

Mailing Address

**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

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

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**

61.25 + 8.75 = 70.00

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
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **DCOB** ☐ Delete
NAME **SKAGGS, RICHARD J**
STREET ADDRESS **525 WEST YALE ST**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **DTR** ☐ Delete
NAME **WILLIAMS, CARL**
STREET ADDRESS **528 GREENBRIAR AVE**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

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

TITLE ☐ Change ☐ Addition
NAME **PETER SPENCE**
STREET ADDRESS **1100 SERISSA COURT**
CITY-ST-ZIP **ORLANDO, FL 32818**

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

TITLE ☐ Change ☐ Addition
NAME **RAWA AT LEFT (Box 10)**
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:

EDWARD G. RAWA 28 407-895
4-03 8886 X223

CR2E037 (10/02)