

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038143

1. Entity Name

AFFORDABLE COUNSELING OF CENTRAL FLORIDA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90040 042 ***150.00

752415



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2480 TOPPING PLACE
EUSTIS FL 32726

Mailing Address

2480 TOPPING PLACE
EUSTIS FL 32726

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

593643266

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

~~MITCHELL~~
MITCHELL, BESS A
2480 TOPPING PLACE
EUSTIS FL 32726

Name

BESS A. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

2480 TOPPING PL.

City

EUSTIS FL.

Zip Code

32726

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: Bess A. Mitchell

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

(NOTE: Registered Agent signature required when re-registering)

4/22/01

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE	☐ Delete
NAME	D MITCHELL, BESS A.
STREET ADDRESS	2480 TOPPING PLACE
CITY-STATE-ZIP	EUSTIS, FL 32726
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Bess A. Mitchell BESS A. MITCHELL (PRESIDENT) 4/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of filing

(352)589-0339

CR2F034 (10/00)