

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90470 005 ***150.00

DOCUMENT # P00000058929

1. Entity Name

COMMUNITY COUNSELING CENTER OF ORLANDO, INC.

Principal Place of Business

1148 JUNIPER CREEK
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 161585
ALTAMONTE SPRINGS FL 32716-1585

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

59-3601393

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 L
1148 JUNIPER CREEK
ALTAMONTE SPRINGS FL 32714

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

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 \$550.00
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 11

TITLE PT ☐ Delete
NAME HUNGERORD, CORRIE L
STREET ADDRESS 1148 JUNIPER CREEK
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME CO-Owner
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME CHMELIR, TERESA M
STREET ADDRESS 355 LAKEPOINTE DR #101
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME CO-Owner
STREET ADDRESS 4550 Park Eden Cir
CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corrie L Hungerford

Date

Daytime Phone #

3-10-01
4079472901

CR2E034 (10/00)