

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90177 033 ***150.00

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DOCUMENT # P00000058929

1. Entity Name
COMMUNITY COUNSELING CENTER OF ORLANDO, INC.



Principal Place of Business

1148 JUNIPER CREEK CT
ALTAMONTE SPRINGS FL 32714

Mailing Address

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

2. Principal Place of Business

10008 Bear Lake Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703-1829

Country

USA

Zip

32703

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

HUNGERFORD, CORRIE L

1148 JUNIPER CREEK CT
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

10008 Bear Lake Rd

City

Apopka

FL

32703-1829

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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CO**
STREET ADDRESS **HUNGERFORD, CORRIE L**
CITY-ST-ZIP **1148 JUNIPER CREEK CT**
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME **CO**
STREET ADDRESS **CHMELIR, TERESA M**
CITY-ST-ZIP **4550 PARK EDEN CIR**
ORLANDO FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10008 Bear Lake Rd**
CITY-ST-ZIP **Apopka, FL 32703-1829**

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 607, 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:

Corrie L Hungerford

Date

2/22/03

Daytime Phone #

4079472901

CR2E034 (10/02)