

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 006 ***550.00

DOCUMENT # P02889

1. Entity Name

Community Counselling Service Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 Beach Rd.

3. Mailing Address

36 Beach Rd.

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

DO NOT WRITE IN THIS SPACE

City & State
Monmouth Beach, NJ

City & State
Monmouth Beach, NJ

4. FEI Number
13-2837520

Applied For
Not Applicable

Zip
07750

Country
USA

Zip
07750

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
The Prentice-Hall Corp. System, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee **FL** **Zip Code** 32301

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) ☒

January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P
NAME William B. Hanrahan
STREET ADDRESS 461 Fifth Ave. 3rd Flr.
CITY-ST-ZIP NY, NY 10017

TITLE T
NAME Michael Gerun
STREET ADDRESS 36 Beach Rd.
CITY-ST-ZIP Monmouth Beach, NJ 07750

TITLE V
NAME Robert Kissane
STREET ADDRESS 461 Fifth Ave. 3rd Flr.
CITY-ST-ZIP NY, NY 10017

TITLE V
NAME Patrick Moughan
STREET ADDRESS 8750 West Bryn Mawr
CITY-ST-ZIP Chicago, IL 60631

TITLE S
NAME Joseph Lee
STREET ADDRESS 461 Fifth Ave. 3rd Flr.
CITY-ST-ZIP NY, NY 10017

TITLE C
NAME Brian Leeney
STREET ADDRESS 461 Fifth Ave. 3rd Flr.
CITY-ST-ZIP NY, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #