

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90046 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063949

1. Entity Name
FAMILY CARE COUNSELING CENTER OF ORLANDO, INC.

Principal Place of Business 100 E. SYBELIA AVE. SUITE 100 MAITLAND FL 32751	Mailing Address 100 E. SYBELIA AVE. SUITE 100 MAITLAND FL 32751
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3207064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, ESTHER I
100 E. SYBELIA AVE., STE. 100
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name: **Fisher, George F**
 Street Address (P.O. Box Number is Not Acceptable): **100 E. Sybelia Ave Ste 100**
 City: **Maitland** FL Zip Code: **32751**

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: *George F. Fisher* (NOTE: Registered Agent signature required when reinstating.) DATE: 5/14/02

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ESTHER I	
STREET ADDRESS	100 E. SYBELIA AVE, SUITE 100	<input type="checkbox"/> Delete
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, George F.	
STREET ADDRESS	100 E. Sybelia Ave Ste 100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Maitland, Fl. 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *George F. Fisher* DATE: 4/10/02 DAYTIME PHONE: 407-539-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)