

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067701

1. Entity Name

HARBOR CITY COUNSELING CENTERS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90246 025 ***150.00

Principal Place of Business

Mailing Address

668 W EAU GALLIE BLVD
MELBOURNE FL 32935-6531

668 W EAU GALLIE BLVD
MELBOURNE FL 32935-6838

2. Principal Place of Business

504 N. Harbor City Blvd
Suite, Apt. #, etc.

3. Mailing Address

504 N. Harbor City Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3205200

Applied For

Not Applicable

Zip 32935

Country

BREVARD

Zip 32935

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, JOHN
668 W EAU GALLIE BLVD
MELBOURNE FL 32935-6531

7. Name and Address of New Registered Agent

Name John Burton
Street Address (P.O. Box Number is Not Acceptable)
504 N. Harbor City Blvd
Melbourne FL Zip Code 32935

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	BURTON, JOHN R	
STREET ADDRESS	502 PARKER RD	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BURTON, SARAJANE W	
STREET ADDRESS	502 PARKER RD	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 IMA empowered.

SIGNATURE:

John R. Burton PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2400

321
253-2733
Daytime Phone #

CR2E034 (9/99)