

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-28-2002 90204 014 ***550.00

DOCUMENT # P93000067701

1. Entity Name
HARBOR CITY COUNSELING CENTERS, INC.

Principal Place of Business

**504 N HARBOR CITY BLVD
 MELBOURNE FL 32935-6531**

Mailing Address

**504 N HARBOR CITY BLVD
 MELBOURNE FL 32935-6531**

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
59-3205200

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BURTON, JOHN
 504 N HARBOR CITY BLVD
 MELBOURNE FL 32935-6531**

7. Name and Address of New Registered Agent

Name *SARAJANE BURTON*
Street Address (P.O. Box Number is Not Acceptable) *504 N. Harbor City Blvd*
City *Melbourne* **FL** *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, 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	BURTON, JOHN R	
STREET ADDRESS	502 PARKER RD	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	VSD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BURTON, SARAJANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD	
STREET ADDRESS	Address Same	
CITY-ST-ZIP		
TITLE	John Burton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD	
STREET ADDRESS	SARAJANE	
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAJANE BURTON	
STREET ADDRESS	504 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Burton	
STREET ADDRESS	504 N. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)