

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000007048**

1. Entity Name
ANOTHER CHANCE COUNSELING CENTER, INC.



Principal Place of Business
**709 EXECUTIVE DR
WINTER PARK FL 32789**

Mailing Address
**709 EXECUTIVE DR
WINTER PARK FL 32789**

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 **59-3224333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONTI, FRAN
709 EXECUTIVE DR
WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CONTI, FRAN**
CITY-ST-ZIP **709 EXECUTIVE DR
WINTER PARK FL 32789**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

4076296167

Daytime Phone #

0011961 AV

CR2E034 (4/03)

FILED
03 JUL 16 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Attachment P94000007048



Another Chance Counseling Center, Inc.

709 Executive Drive
Winter Park, FL 32789
(407) 629-6167
Fax (407) 629-1731

FRAN CONTI, CAP
Executive Director

ROBERT A. TANGO, Ph.D., L.M.H.C.
Clinical Director

July 5, 2003

To Whom It May Concern:

Each year when I receive my 2003 Uniform Business Report, I send my \$150.00. This year, because of change in personnel, I never received it from my secretary.

I am a small counseling center, I often take very little fee for services, I am very sorry for this inconvenience but this has never happened before, please, please except my original payment of \$150.00. I cannot afford to pay the \$550.00 you sent me. I am a 2 person office and this would be a complete hardship to me. Please consider this payment in good faith.

Thank you

Fran