

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006074

1. Entity Name

ADULT & CHILD COUNSELING CENTER, P.A.

Principal Place of Business

1302 SE 25TH LOOP 104
OCALA FL 34474

Mailing Address

1302 SE 25TH LOOP 104
OCALA FL 34474

2. Principal Place of Business

1302 SE 25 Loop 104
Suite, Apt. #, etc.
OCALA FL 34474

3. Mailing Address

1302 SE 25 Loop 104
Suite, Apt. #, etc.
OCALA FL 34474

City & State

OCALA - FL

City & State

OCALA, FL

Zip

34471

Country

Marion

Zip

34471

Country

Marion

4. FEI Number

59-3295754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

MELOCCHI, JOSEPH
3300 SW 34TH AVE
1240
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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 *Joseph F Melocchi*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/2002
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 D ☐ Delete
NAME JOHNSON, DIANE G
STREET ADDRESS 915 WEBER ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Delete
NAME MELOCCHI, JOSEPH F
STREET ADDRESS 3160 SE 54TH CT
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

Date

Daytime Phone #

FILED

02 FEB -7 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)